

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000119550**

1. Corporation Name

BLADES INTERNATIONAL DAY SPA, INC.

Principal Place of Business

Mailing Address

~~408 OLD DIXIE HWY SW~~
~~VERO BEACH FL 32962~~

~~408 OLD DIXIE HWY SW~~
~~VERO BEACH FL 32962~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~435 Old Dixie Hwy SW~~

Suite, Apt. #, etc.

~~435 Old Dixie Hwy SW~~

City & State

~~Vero Beach, FL~~

City & State

~~Vero Beach, FL~~

Zip

~~32962~~

Country

~~USA~~

Zip

~~32962~~

Country

~~USA~~

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

~~32-00416442~~

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BLADES, PAIGE B	408 OLD DIXIE HWY SW	VERO BEACH FL 32962
D	KLABEN, DINA B	408 OLD DIXIE HWY SW	VERO BEACH FL 32962

600024198146
10/28/03--01032--006 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLABEN, DINA B
~~408 OLD DIXIE HWY SW~~
~~VERO BEACH FL 32962~~

Name

Street Address (P.O. Box Number is Not Acceptable)

~~435 Old Dixie Hwy SW~~

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Dina Blades Klaben
REGISTERED AGENT MUST SIGN

Date **10-23-03**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dina Blades Klaben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

772-569-1879

Daytime Phone #

CR2E040 (7/03)

***Blades International Day Spa, Inc.
435 Old Dixie Hwy SW
Vero Beach, Florida 32962***

October 23, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314-6327

Dear Reinstatement Section,

This was the first report we received, and would like to be reinstated without penalties. During the months of April and May of this year I was out of state due to my father being terminally ill and passing, and Paige was an active duty Marine stationed in Kuwait. Upon our return we found it necessary to downsize the business and move to a smaller location. Since our corporation began November 5, 2002, we did not realize that we should have received this report to be filed by May 1, 2003, and were unaware of this oversight. Enclosed is a check for the renewal fee less penalties, and we would like to be renewed without penalties or perhaps the lesser penalty.

Sincerely,



Dina Blades Klaben
Director