

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000125482*

1. Corporation Name

NAPLE SPA & TAN, INC

REINSTATEMENT 03

2. Principal Office Address

2700 Immokalee RD

Suite, Apt. #, etc.

P

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

FL

Zip

34110

Country

Collier

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-26-02

5. FEI Number

44 2075050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge A. Quinones Jr

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

280 11TH ST SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/16/03*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>Jorge A. Quinones Sr</i>	<i>280 11TH ST SW</i>	<i>NAPLES, FL 34110</i>
<i>✓</i>	<i>Jorge A. Quinones Jr</i>	<i>280 11TH ST SW</i>	<i>NAPLES, FL 34110</i>

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

2392532063

Daytime Phone #

74 10/23

CR2E081 (10/02)

Naples Spa & Tan, Inc
2700 Immokalee Rd
Naples, FL 34110

Memo

To: Division of Corporations

From: Jorge A. Quinones Sr. Owner

CC: Jorge Quinones Jr. Vice Pres.

Date: 10/16/03

Re: Naples Spa & Tan, Inc Reinstatement Docket# P02000125482

To whom it may concern:

My son and I formed this corporation on November 26, 2002. We since have never received a UBR form of any kind from your office till Oct 14th, 2003. I would like for the Division of Corporations to wave the reinstatement fee of \$600. I have enclosed the annual report fee and corporate supplement fee totaling \$150.00.

We have nothing to report because we did not open till July 14th, 2003. That is when received our CO to do any business.

Thank You,

Jorge A. Quinones, Sr