

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 20 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127027

1. Corporation Name

THE PARTHENON DAY SPA, INC.

Principal Place of Business

Mailing Address

11408 PALM PASTURE DRIVE
TAMPA FL 33635

11408 PALM PASTURE DRIVE
TAMPA FL 33635

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

2. New Principal Office Address, If Applicable

5601 PINEY LANE DRIVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33625

Country
USA

3. New Mailing Office Address, If Applicable

5601 PINEY LANE DRIVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33625

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2002

5. FEI Number

04-3738194

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
P	KAREN, WILLIAMS RAYLE	11408 PALM PASTURE DRIVE 5601 PINEY LANE DRIVE	TAMPA FL 33635 33625
S	KAREN, WILLIAMS RAYLE	11408 PALM PASTURE DRIVE 5601 PINEY LANE DRIVE	TAMPA FL 33635 33625

400023954614
10/20/03 01039 012 **150.00

8. Name and Address of Current Registered Agent

KAREN, WILLIAMS
11408 PALM PASTURE DRIVE
TAMPA FL 33635

9. Name and Address of New Registered Agent

Name

KAREN RAYLE

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

5601 PINEY LANE DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

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

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(83)
10/13/03 933-6571

CR20040 (7/03)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000127027

1. Corporation Name

The Parthenon Day Spa, Inc

2. Principal Office Address

5601 Piney Lane Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
FL

Country
USA

3. Mailing Office Address

5601 Piney Lane Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33625

Country
USA

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

5. FEI Number

04-3738194

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

Karen Radke

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

5601 Piney Lane Drive

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33625

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

Date 10-13-03

REGISTERED AGENT MUST SIGN

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
P	Karen Radke	5601 Piney Lane Drive	Tampa, FL 33625
S	Karen Radke	5601 Piney Lane Drive	Tampa, FL 33625

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:

PRESIDENT KAREN RADKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

813-933-6571

Daytime Phone #

CR2E081 (10/02)

October 13, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Sirs:

Please reinstate The Parthenon Day Spa, Inc document # P02000127027. Enclosed is the fee of \$150.00.

There are several changes listed below and would explain why I didn't receive the UBR reminders. Please update the records on file to help prevent this occurrence again.

Name of officers/address
Karen Radke
5601 Piney Lane Drive
Tampa, FL 33625
(813) 933-6571 x 1036

Thank you!

A handwritten signature in cursive script, appearing to read 'Karen Radke', written in dark ink.

Karen Radke
President