

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000108988 1. Entity Name AQUA SPA SERVICES, INC.				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <div style="text-align: right; margin-top: 10px;"> 05 DEC 21 AM 9:34 REINSTATEMENT 05 </div>																																																																																																													
Principal Place of Business 6501 ARLINGTON EXPRESSWAY SUITE A-106 JACKSONVILLE, FL 32211		Mailing Address 6501 ARLINGTON EXPRESSWAY SUITE A-106 JACKSONVILLE, FL 32211																																																																																																															
2. Principal Place of Business 1023 Atlantic Blvd		3. Mailing Address 1023 Atlantic Blvd																																																																																																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																															
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 65-1206874																																																																																																													
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent ROSENBLUM, THOMAS F ESQ. 1301 RIVERPLACE BOULEVARD SUITE 2552 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Safi Mojadidi Street Address (P.O. Box Number is Not Acceptable) 1023 Atlantic Blvd City Atlantic Beach FL Zip Code 32233																																																																																																															
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Safi Mojadidi</i></u> 12-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOJADIDI, SAFI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6501 ARLINGTON EXPRESSWAY #A-106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32211</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, KELLY C VP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1723 SEMINOLE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ATLANTIC BEACH, FL 32233</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MOJADIDI, SAFI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1023 Atlantic Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Atlantic Beach, FL 32233</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	MOJADIDI, SAFI		STREET ADDRESS	6501 ARLINGTON EXPRESSWAY #A-106		CITY-ST-ZIP	JACKSONVILLE, FL 32211		TITLE	VP	<input type="checkbox"/> Delete	NAME	RICHARDSON, KELLY C VP		STREET ADDRESS	1723 SEMINOLE ROAD		CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MOJADIDI, SAFI		STREET ADDRESS	1023 Atlantic Blvd		CITY-ST-ZIP	Atlantic Beach, FL 32233		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Safi Mojadidi</i></u> 12-1-05 904-244-2772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	