

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 8:56

REINSTATEMENT 04-05



01142005 REIN-P CR2E098 (6/04)

4. FEI Number 13-4291765 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P03000111026
1. Entity Name
MARLENE'S DAY SPA & SALON, INC.



Principal Place of Business: **101 WEST POLO PARK DAVENPORT, FL 33837**
Mailing Address: **101 WEST POLO PARK DAVENPORT, FL 33837**

2. Principal Place of Business: 101 West Polo Park
3. Mailing Address: 101 W Polo Park
Suite, Apt. #, etc.: 3# Suite, Apt. #, etc.: 3

City & State: Davenport Fla City & State: Davenport Fla
Zip: 33897 Country: Polk Zip: 33897 Country: Polk

6. Name and Address of Current Registered Agent
JORDAN, EDWARD P. ILESQ
1460 EAST HIGHWAY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: [Signature] DATE: 1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZAR, MARLENE 101 WEST POLO PARK DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100045454051 01/26/05--01045--007 **300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARLENE ROZAR Marlene Rozar DATE: Jan 20, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Marlene's
Day Spa & Salon

To Whom My Concern;

I am writing this letter to let the state know that I didn't opt my form to pay for my corporation fee. If it was sent I didn't see it myself. So I do need to reinstatement my corporation and pay my fees. I will see that is payed on time in the future. I am sorry that this ~~was~~ happen. I think that my front desk manager was the problem. Hope this helps to opt this taken care of as soon as possible.

Thank you

If you
need me
call 863-4207999
S.

Marlene Rogen