2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000112092

1. Entity Name
SPA ON LOCATION, INC.

FILED
06 MAY -2 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~2306 CYPRESS BEND DRIVE~~ ~~B-219~~ ~~POMPANO BEACH, FL 33069~~	~~2306 CYPRESS BEND DRIVE~~ ~~B-219~~ ~~POMPANO BEACH, FL 33069~~

2. Principal Place of Business	3. Mailing Address
3217 NORTH OCEAN DRIVE	3217 NORTH OCEAN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FLA	City & State: FORT LAUDERDALE FL
Zip: 33308 Country: BROWARD	Zip: 33308 Country:

04242006 REIN-P CR2E098 (11/05)

4. FEI Number: 20 1439003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONIKA, KERESZTES
~~2306 CYPRESS BEND~~ DRIVE
~~B-219~~
~~POMPANO BEACH, FL 33069~~

7. Name and Address of New Registered Agent

Name: MONIKA KERESZTES
Street Address (P.O. Box Number is Not Acceptable): 3217 NORTH OCEAN DRIVE
City: FORT LAUDERDALE **FL** Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES KERESZTES, MONIKA 2306 CYPRESS BEND ROAD # B-219 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3217 NORTH OCEAN DRIVE FORT LAUDERDALE FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BALLISTRERI, AMALLIA 8101 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3217 NORTH OCEAN DRIVE FORT LAUDERDALE FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200076158812 06/13/06--01046--009 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Monika Keresztes 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #