

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P04000122222

1. Entity Name
MORNING CALM SPA, INC.



Principal Place of Business
3802 EHRLICH RD SUITE 312
TAMPA, FL 33624

Mailing Address
3802 EHRLICH RD SUITE 312
TAMPA, FL 33624

2. Principal Place of Business
3. Mailing Address
3401 N. Lakeview DR.

Suite, Apt. #, etc.
1201

City & State
TAMPA

Zip 33618 Country

6. Name and Address of Current Registered Agent

FROESCH, CHRISTIAN
3802 EHRLICH RD SUITE 312
TAMPA, FL 33624

11292005 REIN-P CR2E098 (6/04)

4. FEI Number
33-1100243

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

6. Name and Address of New Registered Agent

Name Lee, Young Jae

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

3802 EHRLICH RD # 312

City TAMPA FL Zip Code 33624

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

**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.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, young JAE <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, young JAE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3401 N. LakeView DR. #1201 TAMPA FL 33618 |
| 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 600061871286 12/05/05--01002--006 **150.00 |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>12/15</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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: *h. Young Jae*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

Daytime Phone #

FILED

05 DEC - 2 AM 10: 53

FLORIDA STATE OF
TALLAHASSEE, FLORIDA

