

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000122222

1. Entity Name
MORNING CALM SPA, INC.



FILED
05 DEC -2 AM 10:53
TALLAHASSEE, FLORIDA

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.

Suite, Apt. #, etc. # 1201

11292005 REIN-P CR2E098 (6/04)

City & State

City & State
TAMPA

4. FEI Number

33-1100243

Applied For
Not Applicable

Zip

Country

Zip

33618

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. 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

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

TITLE
NAME D LEE, Young JAE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D LEE, Young JAE ☐ Change ☒ Addition
STREET ADDRESS 3401 N. LakeView DR. #1201
CITY-ST-ZIP TAMPA FL 33618

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 600061871286
CITY-ST-ZIP 12/05/05--01002--006 ***150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/05