03-14-2007 90046 027 ***300.00
P04000145384

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAR 19 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000145384

1. Entity Name
SEABREEZE YATCH SPA, INC.

Principal Place of Business	Mailing Address
4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	4974 N UNIVERSITY DR. LAUDERHILL, FL 33351

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9351 West Sample Road	9351 West Sample Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33065 Country: Broward	Zip: 33065 Country: Broward

REINSTATEMENT (1/07) 06-07

4. FEI Number: 51-0529183 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIVERPOOL, ALDWYN 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	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: ALDWYN Liverpool 3/1/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PD LIVERPOOL, ALDWYN 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	President Ruth Liverpool 9351 West Sample Rd, Coral Springs, Florida 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIVERPOOL, RUTH 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	Vice President ALDWYN Liverpool 9351 West Sample Rd Coral Springs, Florida 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/19	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #