

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2007 SEP -5 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 06-07

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000133847

1. Corporation Name  
Aloha Health Spa One Inc

2. Principal Office Address - No P.O. Box #  
3448 5<sup>th</sup> Ave North  
Suite, Apt. #, etc.

3. Mailing Office Address  
Same  
Suite, Apt. #, etc.

City & State  
St Petersburg FL

City & State  
Pinellas

Zip  
33713

Country  
Pinellas

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number  
20-3559366

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Paris Marie Shin

Street Address (P.O. Box Number is Not Acceptable)  
3448 5<sup>th</sup> Ave North

Suite, Apt. #, Etc.

City  
St Petersburg

State  
FL

Zip Code  
33713

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X Paris Marie Shin REGISTERED AGENT MUST SIGN

Date 8/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Paris Marie Shin	3448 5 <sup>th</sup> Ave North	St Petersburg FL 33713

50010904445  
09/05/07--01011--003 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE X Paris Marie Shin Paris m. Shin 8/20/07 (727)328-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

916