

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000012744	
1. Entity Name BEFORE & AFTER DAY SPA INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 26 PM 3:14

Principal Place of Business 13970 N. E. 12 AVE. N. MIAMI, FL 33161	Mailing Address 432 N. E. 75TH STREET MIAMI, FL 33138 31
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2. Principal Place of Business - No P.O. Box # 13970 N.E. 12 AVE	3. Mailing Address 13970 N.E. 12 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. Miami, FLA	City & State N. Miami, FLA
Zip 33161	Zip 33161
Country U.S.A.	Country U.S.A.



06032008 REIN-P CR2E098 (1/07)

4. FEI Number 11-3797778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH-DELVA, MARLAINE 13970 N.E. 12 AVE. N. MIAMI, FL 33161	
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7. Name and Address of New Registered Agent	
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: <i>Marlene Joseph Delva</i>	DATE: 6/21/08
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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH-DELVA, MARLAINE 13970 N.E. 12 AVE. N. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300131812993 06/27/08--01030--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERMINE, GINA 13970 N. E. 12 AVE. N. MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300131812993 06/27/08--01030--015 **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	<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 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: <i>Marlene Joseph Delva</i>	DATE: 6/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	