

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 20 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000147716

1. Corporation Name

Spa Perfect, Inc.

2. Principal Office Address - No P.O. Box #

3114 Lee Blvd

Suite, Apt. #, etc.

Suite B-2

City & State

Lehigh Acres, FL.

Zip

33971

Country

Lee

3. Mailing Office Address

3114 Lee Blvd

Suite, Apt. #, etc.

Suite B-2

City & State

Lehigh Acres, FL.

Zip

33971

Country

Lee

900151471109
04/21/09--01022--015 **750.00
REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 11/28/06

5. FEI Number
75-3254953

☒ 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

Tasha M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
696 Kingsbury St. E.

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33974

☒ 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

Tasha M. Gonzalez
REGISTERED AGENT MUST SIGN

Date 3/26/09

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
P	Tasha M. Gonzalez	696 Kingsbury St. E.	Lehigh Acres, FL. 33974

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:

Tasha M. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/09

Date

239-896-4642

Daytime Phone #