2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000017989

Entity Name: ASTORIA SPA AT THE BEACH INC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1235 ALTON ROAD 1235 ALTON ROAD

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

1235 ALTON ROAD 1235 ALTON ROAD

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US

FEI Number: 20-8491350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BELLO, JACKIE O LOPEZ, ALEXANDER O 1235 ALTON ROAD 1235 ALTON ROAD

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US US

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.

SIGNATURE: ALEXANDER O LOPEZ 04/08/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LOPEZ, ALEXANDER O LOPEZ, ALEXANDER O Name: Name:

1330 WEST AVENUE APT 2206 Address: 1235 ALTON ROAD Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VΡ () Delete Title: VΡ (X) Change () Addition

Name: BELLO, JACKIE Name: LOPEZ, SANDRA 7051 SW 11 STREET Address: 1235 ALTON ROAD Address: PEMBROKE PINES, FL 33023 MIAMI BEACH, FL 33139 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ALEXANDER O LOPEZ 04/08/2009