

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR -4 AM 9:46

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DOCUMENT # P07000078481

1. Corporation Name

SPA ILLUMINATA, INC.

800171174358  
03/04/10--01002--015 \*\*450.00

**REINSTATEMENT** 08-10

2. Principal Office Address - No P.O. Box # 6645 VINELAND ROAD		3. Mailing Office Address 6645 VINELAND ROAD	
Suite, Apt. #, etc SUITE 270		Suite, Apt. #, etc SUITE 270	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country USA	Zip 32819	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/10/2007	
5. FEI Number 26-0517265	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ELINA NUBARYAN	
Street Address (P.O. Box Number is Not Acceptable) 6645 VINELAND ROAD	
Suite, Apt. #, Etc. SUITE 270	
City ORLANDO, FL	State FL
Zip Code 32819	

☒ 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.

B. 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 Vladimir Kravtsov

Date 02/22/2010

REGISTERED AGENT MUST SIGN

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	VLADIMIR KRAVTSOV	6645 VINELAND ROAD, STE 270	ORLANDO, FL 32819
D	ELINA NUBARYAN	6645 VINELAND ROAD, STE 270	ORLANDO, FL 32819
D	RIMMA MAGDESSIAN	6645 VINELAND ROAD, STE 270	ORLANDO, FL 32819
D	KRISTINA EXOURIAN	6645 VINELAND ROAD, STE 270	ORLANDO, FL 32819

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: Elina Nubaryan ELINA NUBARYAN

02/22/2010 407-244-5554

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #