

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000062820

Entity Name: UTOPIA WELLNESS SPA, INC.

FILED
Nov 20, 2009
Secretary of State

Current Principal Place of Business:

6191 W. ATLANTIC BLVD.
SUITE 8
MARGATE, FL 33063

New Principal Place of Business:

801 SW 147 TERR
PEMBROKE PINES, FL 33027

Current Mailing Address:

6191 W. ATLANTIC BLVD.
SUITE 8
MARGATE, FL 33063

New Mailing Address:

801 SW 147 TERR
PEMBROKE PINES, FL 33027

FEI Number: 26-2894748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AR FINANCIAL SERVICES, INC.
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

MARTINEZ, MARTHA
801 SW 147 TERR
PEMBROKE PINES, FL 33027 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: MARTHA MARTINEZ

11/20/2009

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:

Title: P () Delete
Name: MARTINEZ, MARTHA C
Address: 6191 W. ATLANTIC BLVD. #8
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORNARIS, ORLANDO
Address: 801 SW 147 TERR
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPS () Change (X) Addition
Name: MARTINEZ, MARTHA
Address: 801 SW 147 TERR
City-St-Zip: PEMBROKE PINES, FL 33027

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.

SIGNATURE: MARTHA MARTINEZ

VPS

11/20/2009

Electronic Signature of Signing Officer or Director

Date