2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000081332

Entity Name: SHAE MARIE DAY SPA, INC.

FILED Sep 30, 2009 Secretary of State

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

1676 PROVIDENCE BLVD SUITE C 1675 PROVIDENCE BLVD SUITE D

DELTONA, FL 32725 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

1676 PROVIDENCE BLVD SUITE C 1675 PROVIDENCE BLVD SUITE D

DELTONA, FL 32725 DELTONA, FL 32725

FEI Number: 80-0458672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TUNNO, AUDRA TUNNO, AUDRA 1676 PROVIDENCE BLVD SUITE C

1675 PROVIDENCE BLVD SUITE D DELTONA, FL 32725 DELTONA, FL 32725

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: AUDRA TUNNO 09/30/2009

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

TUNNO, AUDRA Name: Name: TUNNO, AUDRA Address:

1676 PROVIDENCE BLVD SUITE C 1675 PROVIDENCE BLVD SUITE D Address:

City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

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

Name: MARTIN, LINDSEY M Name: MARTIN, LINDSEY M

1676 PROVIDENCE BLVD SUITE C Address: 1675 PROVIDENCE BLVD SUITE D Address:

DELTONA, FL 32725 DELTONA, FL 32725 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.

SIGNATURE: AUDRA TUNNO PS 09/30/2009