

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000021896

**Entity Name:** ULTIMATE SPA SERVICES, INC.

**FILED**  
**Nov 05, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

7620 SANDY RIDGE DRIVE UNIT K-402  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

2425 W SR 434  
SUITE 163  
LONGWOOD, FL 32779

**Current Mailing Address:**

7620 SANDY RIDGE DRIVE UNIT K-402  
KISSIMMEE, FL 34747

**New Mailing Address:**

2289 PICKFORD CIRCLE  
APOPKA, FL 32703

**FEI Number:** 27-5377970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'NEILL, NICHOLAS  
7620 SANDY RIDGE DRIVE UNIT K-402  
KISSIMMEE, FL 34747 US

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

O'NEILL, NICHOLAS  
2289 PICKFORD CIRCLE  
APOPKA, FL 32703 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: NICHOLAS O NEILL

11/05/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: O'NEILL, NICHOLAS  
Address: 2289 PICKFORD CIRCLE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS O NEILL

MR

11/05/2013

Electronic Signature of Signing Officer or Director

Date