

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR <sup>reinstatement</sup> REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV 20 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/22/96--01009--010  
\*\*\*583.75 \*\*\*575.00

REINSTATEMENT

DOCUMENT # 994000047745  
1. Corporation Name  
**SPA'S PLUS, INC.**

Principal Place of Business      Mailing Address  
**2050 McGregor Boulevard Fort Myers, Florida 33907**      **2050 McGregor Boulevard Fort Myers, Florida 33907**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
**16283 South Tamiami Trail**  
Suite, Apt. #, etc.

3. New Mailing Address, if Applicable  
**570 Provencal Place**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
**June 22, 1994**

City & State  
**Fort Myers, Florida**  
Zip  
**33908**  
Country  
**U.S.**

City & State  
**Bloomfield Hills, Michigan**  
Zip  
**48302-1508**  
Country  
**U.S.**

5. FEI Number  
**65-0501728**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Carolynne Kircos	570 Provencal Place	Bloomfield Hills, Michigan 48302-1508
S/T/D	Marc Kircos	570 Provencal Place	Bloomfield Hills, Michigan 48302-1508

8. Name and Address of Current Registered Agent  
**John J. Shearer, Jr.**  
**2050 McGregor Boulevard**  
**Fort Myers, Florida 33907**

9. Name and Address of New Registered Agent  
Name  
**Deborah M. Schwed**  
Street Address (P.O. Box Number is Not Acceptable)  
**16283 South Tamiami Trail**  
Suite, Apt. #, Etc.  
City  
**Fort Myers**      State  
**FL**      Zip Code  
**33908**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.  
Signature of Registered Agent [Signature]      Date 11-15-96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes     No     (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: [Signature] **MARC KIRCOS**    Sec/Treas    11/5/96    800 261 9311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #