

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000081873

1. Corporation Name

SPLASH BATH & BODY SHOP, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
1725 Meadowlark Lane

Suite, Apt. #, etc.

City & State
Englewood, Florida

Zip Country
34224

3. New Mailing Office Address, If Applicable
PO Box 1921

Suite, Apt. #, etc.

City & State
Englewood, Florida

Zip Country
34295-1921

4. Date Incorporated or Qualified
To Do Business in Florida

October 18, 1985

5. FEI Number

38-3115204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres/ Treas.	Sandra (Doran) Reece	19 Timothy Lane	Battle Creek, MI 49017
V. Pres/ Secretary	Deborah Doran	1725 Meadowlark Lane	Englewood, FL 34224

100002380521--0
-12/23/97--01063--008
****750.00 ****750.00

REINSTATEMENT

See 12/17

8. Name and Address of Current Registered Agent

Deborah Doran
1725 Meadowlark Lane
Englewood, FL 34224

9. Name and Address of New Registered Agent

Name
Deborah Doran
Street Address (P.O. Box Number is Not Acceptable)
1725 Meadowlark Lane
Suite, Apt. #, Etc.

City State Zip Code
Englewood FL 34224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah Doran
THE REGISTERED AGENT MUST SIGN

Date 12/12/97

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 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Deborah Doran*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-97 941-624-9680
Date Daytime Phone #

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