

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000046479

1. Corporation Name

ACTION ONE, INC.

W-20422

2. Principal Office Address
9628 Davis Road

3. Mailing Office Address
9628 Davis Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida 33637

City & State
Tampa, Florida 33637

Zip 33637 Country USA

Zip 33637 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/24/96

5. FEI Number
59-3383924

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

97-00

7. Name and Address of Current Registered Agent

Name J. Juanell Linkous, Esquire

Street Address (P.O. Box Number is Not Acceptable)

9012 Copeland Road

Suite, Apt. #, Etc.

City Tampa,

State
FL

Zip Code
33637-5102

000003372060-2
-08/30/00-01077-001
***623.75 ***623.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

J. JUANELL LINKOUS REGISTERED AGENT MUST SIGN

Date 8/9/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	G. W. TOMBERLIN	9628 David Road	Tampa, FL 33637

97-004BR TS

10. 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:

G. W. Tomberlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

8/9/00
Date

813/882-4908

Daytime Phone #

CR2E081 (9/99)

ACTION ONE, INC.
 9628 DAVIS ROAD
 TAMPA, FLORIDA 33637
 Tel: 813/882-4968

August 9, 2000

Division of Corporations
 Department of State
 Post Office Box 6327
 Tallahassee, Florida 32314

Re: Reinstatement of Action One, Inc., a Profit Corporation
Fictitious Trade Name Registration for Action Spa Service

Dear Sir or Madam:

Pursuant to my telephone conversation with your office, enclosed please find the following documents:

1. Corporation Reinstatement for Action One, Inc., which was administratively dissolved 9/26/97, but because of the incorrect address used by the Secretary of State, you have agreed to waive all but \$600 for the reinstatement.
2. Application For Registration of Fictitious Name for Action Spa Service, which is owned by the Corporation.
3. My check in the amount of \$750.00 made payable to the Department of State representing the following:

a. For Action One, Inc. - \$670.00 ~~670.00~~ 623.75

Reinstatement Fee	-	\$600.00
Annual Report Fee	-	\$ 61.25
Certificate of Status-		\$ 8.75

b. For Action Spa Service - \$80.00


Filing Fee	-	\$50.00
Certified Copy	-	\$30.00

Please reinstate the corporation, Action One, Inc., and return the certificate of status to the undersigned.

Please register the fictitious trade name of Action Spa Service and return a certified copy to the undersigned.

Should you have any questions, please contact the undersigned direct.

Sincerely,



G. W. TOMBERLIN
 President