

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 23 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **196000092857**

1. Corporation Name

Peace River Massage & Health Spa, Inc.

2. Principal Office Address

3802 Tamiami Tr

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip **33952**

Country **USA**

3. Mailing Office Address

3802 Tamiami Tr

Suite, Apt. #, etc.

City & State

REINSTATEMENT
CR2E081 (12/05)

0306

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

05-0722329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jennett Behnke

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

132 Cousley Dr.

Suite, Apt. #, Etc.

City

Pt. Charlotte, FL

State
FL

Zip Code

33952

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

Date **6.14.06**

REGISTERED AGENT MUST SIGN

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
Pres	Jennett Behnke	132 Cousley Dr	Port Charlotte, FL 33952
VP	Karl Behnke	132 Cousley Dr	Pt Charlotte, FL 33952
			800077350228 07/11/06--01040--019 **600.00
			800077350228 07/11/06--01040--020 **8.75

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 contained in Chapter 119, 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:

Jennett Behnke

Date

6.14.06

Daytime Phone #

**941
743
5088**