

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT# <i>P96000092857</i>		
1. Corporation Name Peace River Massage & Health Spa, Inc.		

2. Principal Office Address 3802 Tamiami Tr	3. Mailing Office Address 3802 Tamiami Tr		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Port Charlotte, FL	City & State		
Zip 33952	County USA	Zip	Country

**REINSTATEMENT** *0306*  
CR2E081 (12/05) *JFM*

4. Date Incorporated or Qualified To Do Business in Florida <i>1996</i>	
5. FEI Number <i>105-0722329</i>	Applied For <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name <i>Jennett Behnke</i>	Street Address (P.O. Box Number Is Not Acceptable) <i>132 Cousley Dr.</i>	City <i>Pt. Charlotte, FL</i>	State <b>FL</b> Zip Code <i>33952</i>

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 <i>JB</i>	REGISTERED AGENT MUST SIGN	Date <i>6.14.06</i>	

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
			<i>8000077350228 07/11/06-01040--019 ***\$00.00</i>
			<i>8000077350228 07/11/06-01040--020 ***\$8.75</i>

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: <i>JB</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Jennett Behnke</i>	Date <i>6.14.06</i>	Daytime Phone # <i>941 743 5088</i>
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