

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000008060**

1. Corporation Name

SPA SPECIALTIES, INC

2. Principal Office Address

5015 WATERSIDE DRIVE

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY, FLORIDA

City & State

SAME AS #2

Zip

34668

Country

Zip

#2

Country

000058961620  
08/25/05-01022-003 \$1200.00  
**REINSTATEMENT 98-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

1-27-97

5. FEI Number

59-3420462

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

DONALD KLEIN

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

5015 WATERSIDE DRIVE

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

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

REGISTERED AGENT MUST SIGN

Date

Aug 22, 05

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
P,S,D	DONALD KLEIN	5015 WATERSIDE DRIVE	PORT RICHEY FL 34668

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:

DONALD KLEIN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 22, 05

Daytime Phone #

CR2E081 (01/05)

2052

August 17, 2005

Re: Spa Specialties, Inc  
Reinstatement

To Whom it May Concern,

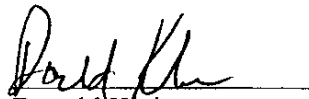
Enclosed please find my reinstatement form as well as a check for \$1,200.00 to bring my corporation up to date thru 2005.

I had not received any renewals since my original filing of the corporation and I had moved and did not know that they would not be forwarded.

Hopefully this letter will reinstate my corporation as well as update my address so I may receive renewals in the future.

Thank you for your time in this matter.

Sincerely,

  
Donald Klein  
President