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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
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

FILED
05 AUG 25 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Date Aug 22, 05

REGISTERED AGENT MUST SIGN

CR2081 (01/05)

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:

Dale Klein

DONALD KLEIN, PRESIDE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 22, 05

Date

Daytime Phone #

282
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