PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

E GATUEN V	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED. SECRETARY GESTALE VISION OF CORPORATIONS OI JUL 18 PM 1:31
DOCUMENT # P9900001388 1. Composition Name National Spa & Wellness		
2. Principal Office Address 7 301 LEGENO TRU	3. Mailing Office Address P.O. BOX 354) Suite, Apt #, etc.	
		4. Date incorporated or Qualified To Do Business in Florida 1-5-1999
VERO BEACH, FL	70.00	5. FEI Number Applied For Not Applied For
200 33963 Country	33964-3541 Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional fee required for a Conflicate of Status
NANCY DIMAIO Street Address (P.Q. Box Number is Not Acceptable) Suits, Apt. #. Etc. City VERO BEACH 8. 1, being appointed the posistered agent of the aboyse named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
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		
9. Names and Street Addresses of Each Officer an	id/or Director (Florida nonprofit corporations must list at t	
Tipes Name of Officers and/or Directors	Street Address of Eac Officer and/or Director	
D JOSEPH DIMAI		
D NAMEY DIMAI	O 301 LEGENIZ	
	40.0	\$00004494479-2 97/25/91-91994-999 ****300.00 ****300.00
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 filling 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 pald and the names of institutional listed on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and occurate, and my signature shall have the seme legal effect as it made under oath. SIGNATURE: 10. 10		



Division of Corporations
Post Office Box 6327
Tallahaasse, Fl 32314

July 12, 2001

Re: National Spa & Wellness

Tax Id#65-088778

Doc# P99000001388

To the Re-Instatement Department:

I am writing to ask consideration of a waiver to reinstate National Spa & Wellness to an active corporation. Since we have never-had a corporation before and had-no knowledge nor notification from the State that we needed to file annual fees, we did not take the necessary steps. The address you have on file is incorrect. The enclosed re-instatement form reflects our accurate address.

I understand that I have three possible alternatives:

- 1) Re-instatement with fees so high, it is prohibitive to continue the company.
- 1) Re-instatement with a waiver.
- 2) Re-incorporate on September 22, 2001—just two months away.

I am enclosing a check for \$300, along with a re-instatement form in hopes that a waiver will be granted. Thank you so much for your time and consideration.

Sincerely

Nancy DiMai