


PA 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024200

1. Corporation Name

ECLIPS DAY SPA/SALON - VINOY, INC.

400003959674--3
-04/05/01--01002--012
****300.00 ****300.00

SP

2. Principal Office Address 501 Fifth Avenue, N.E. Suite, Apt. #, etc. City & State St. Petersburg, FL Zip 33701 Country USA		3. Mailing Office Address 501 Fifth Avenue N.E. Suite, Apt. #, etc. City & State St. Petersburg, FL Zip 33701 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 3/16/1999
				5. FEI Number 59-3575775 Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert A. Forlizzo

Street Address (P.O. Box Number is Not Acceptable)
2903 Rigsby Lane

Suite, Apt. #, Etc.

City
Safety Harbor

State
FL

Zip Code
34695

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 3/22/01

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
P/S/	Deborah L. Davis	501 Fifth Avenue N.E.	St. Petersburg, FL 33701
T/D			
VP/D	Terry Porter	501 Fifth Avenue N.E.	St. Petersburg, FL 33701

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRY PORTER, Vice President

3/22/01

Date

(727) 894-7060

Daytime Phone #

CR2E001 (9/00)

pg 2 of 2

FORLIZZO LAW GROUP, P.A.
— ATTORNEYS AT LAW —

ROBERT A. FORLIZZO
ADMITTED IN FLORIDA, NEW YORK
AND CALIFORNIA

March 23, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

VIA FEDERAL
EXPRESS

8219 5505 2502

RE: **ECLIPS DAY SPA/SALON - VINOY, INC.**

Gentlemen:

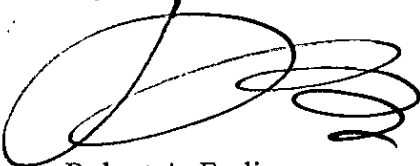
Please find enclosed for filing the Application for Reinstatement regarding the above corporation.

Pursuant to our telephone conversation with your office, the Annual Report for 2000 was not received by my client and I am, therefore, enclosing check no. 3400 in the amount of \$300.00 and requesting that the late fee and penalty be waived.

Thank you for your cooperation in this matter and if you have any questions, please feel free to contact me.

Very truly yours,

FORLIZZO LAW GROUP, P.A.



Robert A. Forlizzo

RAF/jrb
Enclosures