

pg 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 27 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


100003959671--2

-04/05/01--01002--011

\*\*\*300.00 \*\*\*300.00

SP

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P99000045587

**1. Corporation Name**  
ECLIPS SPA AT THE BILTMORE, INC.

<b>2. Principal Office Address</b> 25 Belleview Boulevard Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 25 Belleview Boulevard Suite, Apt. #, etc.	
<b>City &amp; State</b> Clearwater, FL		<b>City &amp; State</b> Clearwater, FL	
<b>Zip</b> 33757	<b>Country</b> USA	<b>Zip</b> 33757	<b>Country</b> USA

**4. Date Incorporated or Qualified To Do Business in Florida** 5/19/1999

**5. FEI Number** 59-3575777  
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**

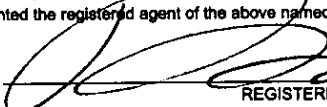
Name: Robert A. Forlizzo

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.**

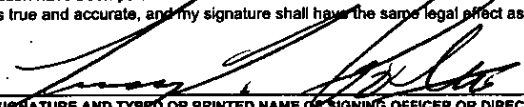
Signature of Registered Agent:  Date: 3/22/01

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	25 Belleview Boulevard	Clearwater, FL 33757
T/D			
VP/D	Terry Porter	25 Belleview Boulevard	Clearwater, FL 33757

**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:**  Date: 3/22/01 (727) 894-7060

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

CR2E081 (9/00)

FORLIZZO LAW GROUP, P.A.

— ATTORNEYS AT LAW —

Ag 20/2

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 SPA AT THE BILTMORE, 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. 3399 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