Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
SAFETY HARBOR SPA & FITNESS CENTER, INC.

Certificate of Status	1
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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 # S58549

1. Corporation Name
Safety Harbor Spa Springs, Inc.

REINSTATEMENT 01-12
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
202 E. Shore Drive	202 E. Shore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/6/1991

5. FEI Number: 59-3069268 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: Roger Kumar
Street Address (P.O. Box Number is Not Acceptable): 202 E. Shore Drive
Suite, Apt. #, Etc.:
City: Oldsmar State: FL Zip Code: 34677

JAN 27 2012
S. TONER

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
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
DP	Roger Kumar	202 E. Shore Drive	Oldsmar, FL 34677
DV	Lila Kumar	202 E. Shore Drive	Oldsmar, FL 34677
DST	Bina Kumar	202 E. Shore Drive	Oldsmar, FL 34677

10. E-mail Address: Debra.Cooper@akerman.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X _____ Jan 27, 2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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