

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 MAR 26 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S86702**

1. Corporation Name

**SERENITY SPA AND WELLNESS CENTER, INC.**

Principal Place of Business

Mailing Address

2401 W STATE ROAD 434 Suite 125  
LONGWOOD FL 32779  
US

2401 W STATE ROAD 434 Suite 125  
LONGWOOD FL 32779  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3089308

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CONSTANTINE, SUSAN	589 LAKE WORTH CIR # 108 912 Summit Centre Way	HEATHROW FL 32742 Orlando Fla 32810
			000003932100--5 -03/30/01--01092--010 ****900.00 ****900.00
			REINSTATEMENT 2000 01
			Mms

8. Name and Address of Current Registered Agent

O'QUINN, MICHAEL A.  
800 NORTH MAGNOLIA AVE  
PENTHOUSE A  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name  
Susan Constantine  
Street Address (P.O. Box Number is Not Acceptable)  
2401 W.S.R. 434 Suite 125  
Suite, Apt. #, Etc.  
City  
Longwood Fla  
State  
FL  
Zip Code  
32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent: Susan Constantine  
REGISTERED AGENT MUST SIGN

Date 2/22/2001

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., 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: Susan Constantine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2001 4077888585  
Date Daytime Phone #

CR2E040 (8/00)