

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V35275

1. Corporation Name  
SPA CITY, INC.

Principal Place of Business: 130 STATE ROAD 84, FORT LAUDERDALE FL 33315  
Mailing Address: P.O. BOX 5858, LIGHTHOUSE POINT FL 33074-5858

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 05/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0518882	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 9600

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSD	STOVALL, PAUL	130 STATE ROAD 84	FORT LAUDERDALE FL 33315
VD	STOVALL, JON C	P.O. BOX 5858 N/A	LIGHTHOUSE POINT FL 33074

300002046223--7  
01/06/97 01004 007  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent CHOSID, RICHARD 3511 W. COMMERCIAL SUITE 222 FT LAUDERDALE FL 33309		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1901 W. Cypress Creek Rd. Suite, Apt. #, Etc. Suite 406 City State FL Zip Code	
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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: *Richard Chosid* REGISTERED AGENT MUST SIGN Date: 12/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *J.C. Stovall* J.C. STOVALL 12/15/96 954 421 6920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/95)