

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 30 AM 8:00

DOCUMENT # **332789**

1. Corporation Name
Beauty Brands Group, Inc.

REINSTATEMENT 03-04

1200 South Pine Island Road
c/o Mary F. Seymour

500041492795
09/30/04--01036--006 **908.75

2. Principal Office Address
1200 South Pine Island Road

3. Mailing Office Address
c/o Mary F. Seymour

~~09/30/04 01036--006 **908.75~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PO Box 146

4. Date Incorporated or Qualified
To Do Business in Florida 07/22/1968

City & State
Plantation FL

City & State
Peplin WI

5. FEI Number
591213720

Applied For
Not Applicable

Zip
33324

Country
USA

Zip
54759

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Andrea Mityng

Andrea Mityng
Assistant Secretary

Date 9-10-04

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	Gregory Johnson	9666 Rigges Road, PMB 106	Sun Lakes AZ 85248
DV	Robert Heidmann	852 Wooddale Road	Nisswa, MN 56468
DST	Glenna Price	2114 50th Avenue	Osceola WI 54020

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:

Glenna Price **Glenna Price**

9/10/04

715-294-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)