


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 25 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000030169</b> 1. Entity Name <b>SOHO COSMETICS, INC.</b>	
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Principal Place of Business <b>761 VIA GENOVA DEERFIELD BEACH, FL 33422</b>	Mailing Address <b>26 GIROUARD DORVAL PQ, QUEBEC, H9S 3PQ CANADA, XX</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

10122005 REIN-P CR2E098 (8/04)

6. Name and Address of Current Registered Agent  <b>LEFF, ROBERT B 6741 W. SUNRISE BLVD SUITE # 8 PLANTATION, FL 33313</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert B. Leff* **LEFF ROBERT B.** DATE: **7 Oct 05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P HUBERT, ANNIE 26 GIROUARD DORVAL QUEBEC H9S 3P8, CA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>700060911477 10/25/05--01014--013 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP GARRAND, JEAN-PIERRE 26 GIROUARD DORVAL QUEBEC H9S 3P8, CA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>REINSTATEMENT 05</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T. Roberts OCT 28 2005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARRAND* **GARRAND** DATE: **OCT 17, 2005** TELEPHONE: **(514) 631-4100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR