

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2016 OCT 14 PM 2:49  
SECRETARY OF STATE  
TAMPA, FLORIDA

DOCUMENT # P07000036441

1. Corporation Name

**BEAUTIFUL SKIN BY JEN, INC**

2. Principal Office Address - No P.O. Box # 14308 MOON FLOWER DR  
3. Mailing Office Address 14308 MOON FLOWER DR

Suite, Apt. #, etc.

City & State TAMPA, FL TAMPA, FL

Zip Country 33626 USA 33626 USA

4. Date Incorporated or Qualified To Do Business in Florida 3/21/2007

5. FEI Number 20-8767641 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name VARRAUX, JENNIFER

Street Address (P.O. Box Number is Not Acceptable) 14308 MOON FLOWER DR

City State Zip Code TAMPA FL 33626

City State Zip Code TAMPA FL 33626

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent *Jennifer Varraux* Date 10/10/16 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
PVPST	VARRAUX, JENNIFER	14308 MOON FLOWER DR	TAMPA, FL 33626

**REINSTATEMENT**

2010-2014

10. E-mail Address: JENVARRAUX@YAHOO.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. 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: *Jennifer Varraux* 10/10/16 813-389-8436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone