

1 of 2

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

06 MAR 20 AM 11:56

DOCUMENT # P940000 10932  
1. Corporation Name  
CENTER FOR ADVANCED COSMETIC DESIGN, INC.

REINSTATEMENT 04-06

2. Principal Office Address  
4920 NEWKIRK DRIVE  
Suite, Apt. #, etc. 6  
City & State TAMPA, FL  
Zip 33624 Country USA

3. Mailing Office Address  
4920 NEWTICK DR  
Suite, Apt. #, etc. 6  
City & State TAMPA, FL  
Zip 33624 Country USA

CR2E081 (12/05)  
4. Date Incorporated or Qualified To Do Business in Florida 9/10/01  
5. FEI Number Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name Anthony C. Lopez  
Street Address (P.O. Box Number is Not Acceptable) 711 Crystal Lake Rd  
Suite, Apt. #, Etc.  
City Lutz  
State FL Zip Code 33548

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 [Signature]  
Date 3/8/06  
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
	Anthony C. Lopez	711 Crystal Lake Rd Lutz FL 33548	Lutz FL 33548 ←
	Adele M. Lopez	711 Crystal Lake Rd	Lutz FL 33548

400069057114  
03/30/06--01051--011 \*\*450.00

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 contained in Chapter 119, 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: Adele M. Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/8/06  
Daytime Phone # 813-960-5857

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# **CACD**

**Center for Advanced Cosmetic Design  
4920 Newkirk Drive  
Suite 6  
Tampa, Florida 33624  
813.960-3937**

**March 08, 2006**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: Reinstatement of Articles of Incorporation**

**We have moved twice in the last two years and I have not received notification that this was up for renewal. I also thought our accountant managed this for us. So, needless to say, this slipped thru the cracks.**

**I spoke to one of your representatives today as she stated that we needed to send in a check in the amount of \$450.00 to reinstate our company. I apologize for the confusion. Can you please update our records with the address and phone number listed above? If you have any questions or if there is additional information that we need to provide, please contact me directly.**

**Thank You,**

  
**Adele M. Lopez**