

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED
99 DEC 13 AM 9: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079266

1. Corporation Name
MESUA INTERNATIONAL COSMETIC LABORATORIES, INC.

Principal Place of Business Mailing Address

1900 BRICKELL AVE 1900 BRICKELL AVE
MIAMI FL 33129 MIAMI FL 33129
US US

REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/18/1995 SP	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0628886	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$3.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PSD	2 SUAREZ-MENENDEZ, JORGE	3 1900 BRICKELL AVE	4 MIAMI FL 33129
			938883678189-3 -12/22/99--01071--005 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RODRIGUEZ, ROBERT W 782 NW 42 AVE STE 541 MIAMI FL 33128		Name: <u>Jorge Suarez-Menendez</u> Street Address (P.O. Box Number is Not Acceptable): <u>1900 Brickell Avenue</u> Suite, Apt. #, Etc.: City: <u>Miami</u> State: <u>FL</u> Zip Code: <u>33129</u>	

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: [Signature] Date: 12/06/99

REGISTERED AGENT MUST SIGN

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. 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: [Signature] Date: 12/1/99 Daytime Phone #: 305-854-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR