PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -6 PM 1:23

DOCUMENT # P97000002334

1. Corporation Name

Allo Cosmetics, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
532 N.W 29 St		532 N.W 29 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Fl.		Miami Fl.	
Zip	Country	Zip	Country
33127	US	33127	US

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 01/09/97

5. FEI Number 65-0737645 — 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: Moise Cohen

Street Address (P.O. Box Number is Not Acceptable): 4530 N. Jefferson Ave.

Suite, Apt. #, Etc.:

700004009267--1
-04/16/01--01007--015
****900.00 ****900.00

City	State	Zip Code
Miami Beach	FL	33140

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: Moise — REGISTERED AGENT MUST SIGN

Date 03-21-2001

CR2E081 (9/00)

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
P	Moise Cohen	4530 N. Jefferson Ave	Miami Beach Fl. 33140

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: Moise — Moise Cohen 03-09-2001 (305) 572 0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #