PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000069964**

1. Corporation Name

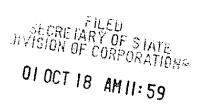
GENES'S AESTHETIC SURGERY PROFESSIONALS, CORP.

Principal Place of Busine	SS
1421 SW 8TH ST., #2	

SIGNATURE:

Mailing Address

20850 NW 3RD LANE PEMBROKE PINES FL 33029



Juan C. teijoo 10/18/01 (305)262

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•							STATEM		Q)		
If above addresses are incorrect in any year line through incorrect information andt						ע ענייטע און ען	א וויע מישו מי זיעי מי ה	ַטעט.			
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 Incorp	orated or Qualified				
2482 Sur 854				g Gillos / Galloss, II / ppiloable			4. Date Incorporated or Qualified To Do Business in Florida 08/22/1996				
Suite, Apt. #, etc. Suite, Apt. #,				etc.				00/22	1 10		
City & State City & State						5. FEI Number	65-0705673		Applied For		
Only at State						6.	00 01 00010	Not Applicable			
331	44 Country USA	Zip		Country	,		OF STATUS DESIRED		Additional Fee required Certificate of Status		
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofi	it corporat	tions must list at lea	st 3 directors)					
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
PD	FEIJOO, JUAN C 20850 NW 3RD L				ANE	PEMBROKE PINES FL 33029			9		
SD	FEJJOO, LOURDES			19311 NW 8TH ST			PEMBROKE PINES FL 33029				
						= \{\bar{2}	00004E -10/29/ ****75 W\W	580 0101 0.00	0830 102007 ****750.00		
	R. Name and Address of Current in the second s	Senistered Ane	nt ~	×		9. Name and A	Address of New Regis	tered Age	nt		
8. Name and Address of Current Registered Agent				•	9. Name and Address of New Registered Agent Name						
FEIJOO, JUAN C											
20850 NW 3RD LANE			Street Address (P.O. Box Number is Not Acceptable)								
PEMBROKE PINES FL 33029			Suite, Apt. #, Etc.		•						
					City			State 2	ip Code		
10. I, being	appointed the registered agent of the abo	ve named corpo	ration, am fa	amiliar wit	h and accept the ob	ligations of Secti	on 607.0505, F.S.				
	757			. -			1	1			
Signature o Registered	Agent			<i>∵</i> 5€	ran C. Fe	1,100	Date	5/01	<u></u>		

1121 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 reinstalement 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR