

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Apr 08, 2002 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # 332789**

**1. Corporation Name**

Beauty Brands Group, Inc.

**2. Principal Office Address**

24 E. Fourth Street

**3. Mailing Office Address** Loper & Seymour, P.A.

24 E. Fourth Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

St. Paul, MN

City & State

St. Paul, MN

Zip

55101

Country

USA

Zip

55101

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/22/1968

**5. FEI Number**

591213720

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code

33324

**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

*Thomas R. Bednar*

Date

3/29/02

REGISTERED AGENT MUST SIGN

Thomas R. Bednar, Asst. Secy.

**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
DP	Gregory Johnson	777 W. Campell Ave., #209B	Phoenix, AZ 85013
DV	Robert Heidmann	852 Wooddale Road	Nisswa, MN 56468
DST	Glenna Price	15945 Quality Trail North	Scandia, MN 55073

**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:**

*Glenna Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/02

Daytime Phone #

651-438-5735

4/10/02

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Beauty Brands Group, Inc.
2. The mailing address of the corporation : c/o Loper & Seymour, P.A., Suite 201, 24 East Fourth Street, St. Paul, MN 55101
3. Date of incorporation/qualification: 07/22/1968 Document number: 332789
4. The name and address of the current registered agent and office:

George Fleischer

403 N.W. 68th Avenue, #415

Plantation, FL 33317

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Glenna Price

(Signature of an officer, chairman or vice chairman of the board)

3/23/02  
(Date)

Glenna Price, Sec./Treas.

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Thomas R. Bednar

(Signature of Registered Agent)

3/29/02

(Date)

If signing on behalf of an entity:

Thomas R. Bednar

(Typed or Printed Name)

Asst. Secy.

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***