

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**APPROVAL
AND
FILED

06 DEC -1 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #417534

1. Entity Name
COSMOPOLITAN COSMETICS, INC.

Principal Place of Business

1101 BRICKELL AVE.
#1100 SOUTH TOWER
MIAMI, FL 33131

Mailing Address

1101 BRICKELL AVE.
#1100 SOUTH TOWER
MIAMI, FL 33131

2. Principal Place of Business

5301 BLUE LAGOON DR

Suite, Apt. #, etc.

SUITE 790

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Address

P.O. Box 599

Suite, Apt. #, etc.

ATTN: TAX DIVISION

City & State

CINCINNATI, OH

Zip

45201

Country

NAMILTON



11132006

REIN-P

CR2E098 (11/05)

4. FEI Number

59-1450018

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C
100 W. CYPRESS CREEK ROAD
SUITE 910
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE C ☒ DeleteNAME GAYDIER, FRANCOIS
STREET ADDRESS VENLOER STRASSE 241-245
CITY-ST-ZIP KOLN, GERMANY, 50823TITLE D ☐ DeleteNAME SCHULTNER, HEINZ J
STREET ADDRESS VENLOER STRASSE 241-245
CITY-ST-ZIP KOLN, GERMANY, 50823TITLE P ☐ DeleteNAME ROUQUETTE, THIERRY
STREET ADDRESS 1101 BRICKELL AVE., STE. 1100-S. TOWER
CITY-ST-ZIP MIAMI, FL 33131TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionNAME 900082204513
STREET ADDRESS 12/01/06--01023--018 **750.00
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THIERRY ROUQUETTE, Nov 27th 06, 305 269 4332