

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0000002924

1. Corporation Name  
**DERMDEX, INC.**

Principal Place of Business Mailing Address  
~~230 GEORGE BUSH BLVD~~ ~~230 GEORGE BUSH BLVD~~  
~~DELRAY BEACH FL 33483~~ ~~DELRAY BEACH FL 33483~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>2000 Glades Road</u>		3. New Mailing Office Address, If Applicable <u>2000 Glades Road</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>05/24/2000</u>	
Suite, Apt. #, etc. <u>Suite 400</u>		Suite, Apt. #, etc. <u>Suite 400</u>		5. FEI Number <u>52-2238233</u>	
City & State <u>BOCA RATON, FL</u>		City & State <u>BOCA RATON, FL</u>		Applied For Not Applicable	
Zip <u>33431</u>	Country <u>USA</u>	Zip <u>33431</u>	Country <u>USA</u>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDS	HACKER, STEVEN M	<del>230 GEORGE BUSH BLVD</del> <u>2000 Glades Rd # 400</u>	<del>DELRAY BEACH FL 33483</del> <u>BOCA RATON FL 33431</u>
D	DRESDEN, SCOTT	<del>230 GEORGE BUSH BLVD</del> <u>2000 Glades Rd # 400</u>	<del>DELRAY BEACH FL 33483</del> <u>BOCA RATON FL 33431</u>
P	MEHTA, NAVROZE	<u>4140 GEORGE WAY</u> <u>2000 Glades Rd. # 400</u>	<del>BOCA RATON FL 33487</del> <u>33431</u>
D	Doll, Robert	<u>2000 Glades Rd # 400</u>	<u>BOCA RATON FL 33431</u>

REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent <del>ANGELL CORPORATE SERVICES, INC.</del> <del>ONE NORTH CLEMATIS STREET</del> <del>SUITE 400</del> <del>WEST PALM BEACH FL 33401</del>		9. Name and Address of New Registered Agent Name <u>Navroze Mehta</u> Street Address (P.O. Box Number is Not Acceptable) <u>2000 Glades Road</u> Suite, Apt. #, Etc. <u>Suite 400</u> City <u>Boca Raton</u> State <u>FL</u> Zip Code <u>33431</u>	
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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] REGISTERED AGENT MUST SIGN.

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-11/29/01--01048--005  
\*\*\*\*750.00  
Date: 10/31/01 \*\*\*\*750.00

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/31/01 Daytime Phone #: (561) 487-8700 x911

CR2E040 (8/01)