

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

DOCUMENT # F99000006515

1. Corporation Name

DERMATONE LABORATORIES, INC.

Principal Place of Business

Mailing Address

80 KING SPRING ROAD
WINDSOR LOCKS CT 06096

80 KING SPRING ROAD
WINDSOR LOCKS CT 06096



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1999

5. FEI Number

06-1038502

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPT	NELSON, RICHARD G	3759 MYKONOS CT.	BOCA RATON FL 33487
DS	NELSON, GERTIE E	3759 MYKONOS CT.	BOCA RATON FL 33487

500003465485--0
-11/16/00--01009--018
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

NELSON, RICHARD G
3759 MYKONOS COURT
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of Richard G. Nelson
REGISTERED AGENT MUST SIGN

Date

10/22/00

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:

Handwritten signature of Richard G. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. NELSON

Date

10/22/00

Daytime Phone #

561-912-9221

CR2E040 (8/00)



DERMATONE LABORATORIES, INC.

80 KING SPRING ROAD, P O BOX 3536 WINDSOR LOCKS CT 06096

By car

Division of Corporations
Annual Report Section
P.O. Box #6327
Tallahassee, FL 32314-6327

10/22/00

Dear Friends;

Upon receipt of the Notice of Administrative Dissolution or Revocation was received, I called your offices at 850-487-6059 and 850-488-9000.

I pointed out that we had received no first or second notice. All other tax and filing notices are sent to the same address, and all were received. Your office did indicate that many calls had been received indicating the same.

They advised me to complete the form and send it in with the normal \$150.00 payment. Thus, enclosed is the completed form and our corporate check # 0010601 for \$150.00.

I am sending this certified so that our records are complete.

Kind regards;

Richard G. Nelson , President
Dermatone Laboratories, Inc.
3759 Mykanos Ct.
Boca Raton, FL 33487

Enclosure: Check # 0010601