

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

02 MAR 20 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LIDIA'S EUROPEAN SKIN CARE
J89160

UBR
99-02

2. Principal Office Address

1810 US ALT 195

Suite, Apt. #, etc.

H

City & State

TARPON SPRINGS FL

Zip

34689

Country

P.I.S.A.S

3. Mailing Office Address

1810 US ALT 195

Suite, Apt. #, etc.

H

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 18 1987

5. FEI Number

~~59-285-3454~~

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LIDIA Mc'QUADE

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

1501 POINSETTIA AVE

Suite, Apt. #, Etc.

800005193578-3

-04/05/02--01006--006

****600.00 ****600.00

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

Lidia Mc'Quade

REGISTERED AGENT MUST SIGN

Date

3/15/02

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
D.P.	LIDIA Mc'QUADE	1501 POINSETTIA AVE	TARPON SPRINGS FL 34689

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:

LIDIA Mc'QUADE Lidia Mc'Quade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

727/943-9237

Daytime Phone #

CR2E081 (9/01)

To Florida Dept of State : 2 of 2 3/15/02

My name is Lilia McCreade, I own Lilia's European Skin Care DBA The Gilded Lily.

I moved location of my business 4 years ago, and I never received any mail from you.

Some one was checking my credit & incorporating status, and they let me know I am no longer incorporated. I happened to be Polish,

& my American ex-husband was always taking care of my paper work, and I was not aware of any dues, if I didn't receive the bill.

So please accept my apologies for not

keeping up my status, and please waive

my penalty fee due to that. I never

received a bill from you, and that's why

I was not paying my fees. Now I will

be aware of it, and this will never

happen again. Thanks for your

waiver. I am including my OK for

\$600 for 4 years Thanks Lilia McCreade