

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K20424

1. Corporation Name

SKINSATIONAL BODY, INC.

2. Principal Office Address

4308 75th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209

Country

USA

3. Mailing Office Address

520 Key Royale Drive

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

Zip

34217

Country

USA

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

04/07/1988

5. FEI Number

65-0048176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

96-02

7. Name and Address of Current Registered Agent

Name

MARY E. MENENDEZ

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

520 KEY ROYALE DRIVE

Suite, Apt. #, Etc.

City

HOLMES BEACH

State
FL

Zip Code
34217

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

Mary E. Menendez

REGISTERED AGENT MUST SIGN **MARY E. MENENDEZ**

Date 7/9/02

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
PTD	Mary E. Menendez	520 Key Royale Drive	Holmes Beach, FL 34217

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:

Mary E. Menendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E. MENENDEZ

Date 7/9/02

(941) 504-2509
Daytime Phone #

CR2E081 (9/01)

BB



ACCOUNT NO. : 072100000032

REFERENCE : 657633 4352702

AUTHORIZATION : *Patricia Figueira*

COST LIMIT : \$ 1658.75

ORDER DATE : July 10, 2002

ORDER TIME : 12:45 PM

ORDER NO. : 657633-005

CUSTOMER NO: 4352702

CUSTOMER: Lisa A. Folis, Corp Paralegal
Williams Parker Harrison Dietz
200 South Orange Avenue

Sarasota, FL 34236

RECEIVED
02 JUL 10 PM 2:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SKINSATIONAL BODY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____