PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| Suite, Apt. #, Etc. City HOLMES BEACH B. 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 Must sign MARY E. MENENDEZ Date REGISTERED AGENT MUST SIGN MARY E. MENENDEZ P. 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 Addresses of Each Officer and/or Directors Titles Namy E. Menendez 520 Key Royale Drive Holmes Beach, FL 34217 1. 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 fitting this reinstatement application, the reason for dissolution has been eliminated, the corporation ames estimates the requirements of section 807,0401 or 617,0401; F.S., that all fees own this application have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(0), F.S. The information indicated on this papil or of the page of the control of the section 119,07(3)(0), F.S. The information indicated on this papil or of the page of the control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on this control of the section 119,07(3)(0), F.S. The information indicated on the section 119,07(3)(0), F.S. The information indicated on the section 119,07(3)(0), F.S. The information indicated on the section 119,07(3)(0), F.S. The | <u> </u> | | | | | ETINGTHISE | ORM. | • |
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| SKINSATIONAL BODY, INC. 2. Principal Office Address Skills, Act. 8, etc. 3. Mailing Office Address Size, Act. 8, etc. 4. Delia incorporated or Qualified To C8 Business in Fireds GA/07/3988 5. PENnomes Bradenton, FL HOLIBES Beach, FL GOUNTY State To Name and Address of Country USA 34217 USA To Name and Address of Currant Registered Agent MARY E. MENDINDEZ Street Address (P.O. Nor Number is Not Acceptable) Size Asset (NOTALS DRIVE Dilla, Ag. E. E. City Asset (NOTALS DRIVE City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City NOLMES BEACK Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce and Subset Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City State / Zip Nounce Address (P.O. Nor Number is Not Acceptable) Size Ag. E. E. City Nounce Ag. E. E. City Nounce Ag. E. E. City State / Zip Nounce Ag. E. E. City State / Zip Nounce Ag. E. E. City State / Zip Nounce Ag. E. E. Nounce and Street Address of Counce of City State / Zip Nounce Ag. E. Nounce and Street Ag. E. Nounce Ag. E. E. Nounce and Street Ag. E. Nounce Ag. E. Nounce Ag. E. Nounce Ag. E. Size Ag. E. Nounce Ag. E. City State / Zip Nounce Ag. E. Nounce Ag. E. Nounce Ag. E. Nounce Ag. E. City | DOCUMENT # K20424 1. Corporation Name | | | | | CEADEL VON ACTARDS | | |
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| 4. Date Incorporated or Qualified To Do Business in Florida 94/07/1988 Sulle, Apt. 8, stc. City & State Bradenton, PL Holmes Beach, PL GS-Dobla176 Applied For Mod Applicable Of State Of Country 34209 USA 34217 USA 7. Name and Address of Current Registered Agent Mary E. MENENDEZ Sheel Address (P.O. Day Number is Not Acceptable) Souls, Apt. 8, Etc. City HOLMES BEACH Sulle, Apt. 8, Etc. City HOLMES BEACH REGISTERED AGENT MUST SIGN MARY E. MENENDEZ Names and Street Addresses of Epch Officer and/or Director (Floride nonprofit corporations must field at least 3 directors) Titles Officer and/or Directors Officer and/or Directors Officer and/or Directors City / State / Zip Code REGISTERED AGENT MUST SIGN MARY E. MENENDEZ The Mary E. Menendez Souls, Apt. 8, Etc. City Names and Street Addresses of Epch Officer and/or Director (Floride nonprofit corporations must field at least 3 directors) Titles Officer and/or Directors Officer and/or Directors Officer and/or Directors Titles Officer and/or Directors Titles Officer and/or Directors Offic | 2. Princ | pal Office Address | 3. Mailing C | Office Address | | | | |
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| City & State Bradenton, PL Holmes Beach, FL Jep Country 34209 USA 34217 USA To Name and Address of Current Registered Agent Name MARY E. MENENDEZ Street Address (P.O. Box Number is Not Acceptable) 520 KEY ROYALE DRIVE Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Beach (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City State (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City Holmes Deach (P.O. Box Number is Not Acceptable) Date 1/2 (O) Acceptable (P.O. Box Number is Not Acceptable) Sulle, Act 8, Etc. City State (P.O. Box Number is Not Acceptable) Date 1/2 (O) Date 1/2 (O) Acceptable for Control of Control o | | | | | | - 96-02 | | |
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| 7. Name and Address of Current Registered Agent MARY E. MENENDEZ Street Address (P.O. Box Number is Not Acceptable) Sulfe, Apt. #, Etc. City HOLMES BEACH E. J. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Signature of Registered Agent MUST SIGN MARY E. MENENDEZ A. Name and Street Addresses of Egoh Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officiars and/or Directors Officer and/or Director and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officiars and/or Director and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officiars and/or Director of City / State / Zip Titles Officiars and/or Director of City / State / Zip Titles Agray E. Menendez 520 Key Royale Drive Holmes Beach, FL 34217 All am an officer or director or the receiver or trustee empowered to exceed this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this resistationent application, the reason for dissolution has been eliminated, the corporate name soil and/order in the supplication, the reason for dissolution has been eliminated, the corporate name soil and/order in the supplication in the analysis of or in essention under section 118.07(3)(6, F.S. The information indicated on the supplication is the analysis of or in essention under section 118.07(3)(6, F.S. The information indicated on the supplication is the analysis of or in the supplication indicated on the supplication is the analysis of the supplication indicated on the supplication is the analysis of the supplication indicated on the supplication is the analysis of the supplication indicated on the supplication is the analysis of the supplication indicated on the supplication is the analysis of the supplication indicated on the supplication is the analysis of the supplication indicated on | 34209 | | ' | | 6, | | | |
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| L 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 filling 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. IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MENENDEZ MENENDEZ (941) 504-2509 | Registered Names | Street Address (P.O. Box Number is I 520 KEY ROYALE DRIV Suite, Apt. #, Etc. City HOLMES BEACH appointed the registered agent of the about River Addresses of Each Officer and Officers and/or Directors | E Ove named corpora E Ove Segistered Ager Afor Director (Floric | NT MUST SIGN MARY E. MI la nonprofit corporations must list at le Street Address of Each Officer and/or Director | ENENDEZ east 3 directors) | State | 3, F.S. | CRZEDB1 (SUM) |
| IGNATURE: MENENDEZ 7903 (941) 504-2509 | Li certify this reins owed by on this ap | nat I am an officer or director or the receivitatement application, the reason for dissolute corporation have been paid and the napplication is true and accurate, and my signate. | er or trustee empor ution has been elin ames of individuals nature shall have th | wered to execute this application as principle, the corporate name satisfies to listed on this form do not qualify for an ensure legal effect as if made under the same legal | ovided for in char he requirements a exemption under | oter 607 or 617, F.S. I fun of section 607.0401 or 61 or section 119.07(3)(i), F.S | ther certify that when filing 7.0401, F.S., that all fees 5. The information indicated | |
| | IGNATI | | E. SI TED NAME OF SIGN | NO OFFICER OR DIRECTOR | | 7/9/03 (| | |



ACCOUNT NO. : 072100000032

REFERENCE :

657633 4352702

AUTHORIZATION

COST LIMIT

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

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