

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000010206

FILED

1. DOCUMENT # L00000010206

Name and Mailing Address

0010744 01 FP 0.352 **PRSRT HO 0 0615 34986-177930



AGIS COSMETICS, L.L.C.
1100 S.W. ST. LUCIE WEST BOULEVARD
SUITE 105
PORT ST. LUCIE FL 34986-1779

OK

2002 NOV 15 AM 11:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2000	
Principal Place of Business 1100 S.W. ST. LUCIE WEST BOULEVARD SUITE 105 PORT ST. LUCIE FL 34986	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1030824 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent IOANNIDES IOANNIDES, TIM M.D. 1100 S.W. ST. LUCIE WEST BOULEVARD SUITE 105 PORT ST. LUCIE FL 34986		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	IOANNIDES, TIM M.D. IOANNIDES	1100 S.W. ST. LUCIE WEST BOULEVARD, #105	PORT ST. LUCIE FL 34986
			500009013925 11/15/02--01013--005 **150.00
REINSTATEMENT			2002

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date **11/11/02** Daytime Phone # **7728783376**

Typed or printed name of signing Managing Member/Manager