

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 APR -7 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03325

1. Corporation Name

SKINSATION, INC.

(W98-6342)

Principal Place of Business

3201 N.E. 33rd Street
Fort Lauderdale, FL 33308

Mailing Address

c/o Laura Dinatale
3201 N.E. 33rd Street
Fort Lauderdale, Florida
33308

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

4. Date Incorporated or Qualified To Do Business in Florida

07/19/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0130512

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	LAURA DINATALE	3201 NE 33rd Street	Fort Lauderdale, FL 33308
D	LAURA DINATALE	3201 NE 33rd Street	Fort Lauderdale, FL 33308
			3000002483123--9
			04/08/98--01106--002
			***1050.00 ***1050.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

LAURA DINATALE
3201 NE 33rd Street
Fort Lauderdale, Florida 33308

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

Laura Dinatale

REGISTERED AGENT MUST SIGN

Date 3-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Laura Dinatale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-98

Date

Daytime Phone #

CR2E040 (1/98)