

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000087122

**FILED**  
**Dec 15, 2014**  
**Secretary of State**

**Entity Name:** DERMAKTIVE, LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD.  
SUITE 568  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20533 BISCAYNE BLVD.  
SUITE 568  
AVENTURA, FL 33180 US

**New Mailing Address:**

16 HAYESTOWN RD  
APT 2206  
DANBURY, CT 06811 US

**FEI Number:** 46-2971589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** UNITED STATES CORPORATION AGENTS, INC.

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** DUFNER, JORDAN  
**Address:** 20533 BISCAYNE BLVD. SUITE 568  
**City-St-Zip:** AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JORDAN DUFNER

CEO

12/15/2014

Electronic Signature of Authorized Person

Date