

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV -1 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L80552

1. Corporation Name

Cosmederm Products, Inc

2. Principal Office Address

1505 University Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CORAL Spgs., FL

Zip

33071

Country

USA

City & State

Zip

Country

REINSTATEMENT 97-02

4. Date Incorporated or Qualified  
To Do Business in Florida

6/15/1990

5. FEI Number

65-0237090

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDA K. Strasser

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

1505 University Dr

Suite, Apt. #, etc.

City

CORAL Springs

State  
FL

Zip Code

33071

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

Linda K. Strasser

REGISTERED AGENT MUST SIGN

Date

9/16/02

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
Dir.	Eugene J. Strasser	1505-University Dr	CORAL Spgs, FL 33071
Pres.	LINDA K. Strasser	1505 University Dr	CORAL Spgs. FL 33071

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:

Linda K. Strasser  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02  
9/16/02

954-755-3888

Ext. 222

CR2E061 (9/01)