

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 30 11:01

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # N 02000001028

1. Corporation Name

American college of cosmetic surgeons, inc.

2. Principal Office Address

10465 nw 43rd. terrace

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33178

Country

usa

3. Mailing Office Address

10465 nw 43rd. terrace

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33178

Country

usa

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 12.2002

5. FEI Number

48-1276160

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

Prabin Mishra

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

10465 nw 43rd. terrace

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33178

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

*Prabin Mishra*  
REGISTERED AGENT MUST SIGN

Date

Aug. 26th 2006

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
Director	Prabin Mishra,	10465 nw 43rd. terrace	Miami, FL 33178

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 contained in Chapter 119, 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:

*Prabin Mishra, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 26.2006

Daytime Phone #

786-301 8950