

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022481

1. Corporation Name

KICKSTART COSMETICS, INC

200015751232
04/11/03--01037--030 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

1922 COOLIDGE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

AS OFFICE

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

Zip

33020

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 2000

5. FEI Number

65-0989844

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

PAUL REID

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

1922 COOLIDGE ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code

33020

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

Paul J Reid

REGISTERED AGENT MUST SIGN

Date

Mar 24, 2003

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
Pres.	PAUL REID	1922 COOLIDGE ST, #10	Hollywood, FL 33020

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:

Paul J Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 03

Date

754 2241242

Daytime Phone #

CR2E081 (10/02)