

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050931**

1. Corporation Name

DERMA ROLLERS, INC.

Principal Place of Business

Mailing Address

6565 44 ST
UNIT 1007
PINELLAS PARK FL 33781

6565 44 ST
UNIT 1007
PINELLAS PARK FL 33781

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2000

5. FEI Number

59-3647306

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIMITRIOU, PAUL C	6565 44 STREET	PINELLAS PARK FL 33781
SVD	DIMITRIOU, OLGA	6565 44 STREET	PINELLAS PARK FL 33781

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-10-03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-21-03 Daytime Phone # 9733459563

CR2E040 (7/03)

DERMA ROLLER CORP

6565 44th St.
Pinellas Park, Fla. 33781
1-888-941-3484
727-522-3988
727-522-3898 fax
DermaRollersFL@aol.com

October 10, 2003

PLEASE ACCEPT OUR CHECK FOR \$150.00 FOR REINSTATEMENT AND BE ADVISED THAT WE HAVE NOT RECEIVED ANY WRITTEN NOTIFICATION TO FILE A UNIFORM BUSINESS REPORT FOR THE YEAR 2003.

LINDA ANDERSON
ADMINISTRATOR