

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 30 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087811

1. Corporation Name

DERMAMINS INC.

Principal Place of Business

10313 RIVERBURN DR  
TAMPA FL 33647

Mailing Address

10313 RIVERBURN DR  
TAMPA FL 33647



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3670645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PILLER, DYAN	10313 RIVERBURN DR	TAMPA FL 33647

700008700667  
10/30/02--01078--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PILLER, DYAN  
10313 RIVERBURN DR  
TAMPA FL 33647

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

Oct 26, 2002

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 26, 2002

Daytime Phone #

813/994-2045

CR2E040 (8/02)

*DermaMins, Inc.*

*10313 Riverburn Dr.  
Tampa, Florida 33647  
813 994 2045*


10/26/2002

Re: Application for Reinstatement

To Whom It May Concern:

I spoke with a state representative last week and explained I did not receive at least two prior uniform business report notices. So I am enclosing \$150.00 payment for my corporation to bring me up to date, as per that conversation. Thank you for your help and assistance in this matter.

All the best



Dyan M. Piller