

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000101813

1. Corporation Name

Nouveau Cosmetique USA, Inc.

2. Principal Office Address - No P.O. Box #

1971 Old Cuthbert Road

Suite, Apt. #, etc.

City & State

Cherry Hill, New Jersey

Zip

08034

Country

3. Mailing Office Address

Same as Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

5. FEI Number

65-1049809

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

Steven R. Bomser, CPA

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

7540 NW 5th Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Steven R. Bomser

REGISTERED AGENT MUST SIGN

Date

6/5/08

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
CEO	John Fudala	1971 Old Cuthbert Road	Cherry Hill, New Jersey, 08034
	<i>6/2/17</i>		

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:

John G. Fudala

JOHN G. FUDALA

6/5/08

877-628-7201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ST. CLAIR CPAS, P.C.
101 W. ELM ST., STE 500

FILED

08 JUL 15 AM 11:35

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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07/15/08--01042--003 **476.25

REINSTATEMENT 06-08