

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT 22 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000104331

1. Corporation Name

THE AESTHETICS INSTITUTE, INC.

Principal Place of Business

Mailing Address

1960 N.E. 47TH STREET
FT. LAUDERDALE FL 33308

1960 N.E. 47TH STREET
FT. LAUDERDALE FL 33308

1404 E. BROWARD BLVD
FT. LAUDERDALE, FL 33301

1404 E. BROWARD BLVD
FT. LAUDERDALE, FL 33301

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

1404 E. BROWARD BLVD
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip 33301 Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2000

5. FEI Number

65-1084632

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WIGODA, PAUL	1960 N.E. 47TH STREET	FT. LAUDERDALE FL 33308
		1404 E. BROWARD BLVD	33301

900004672759--1

-11/08/01--01061--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMANUEL, RONALD M
3001 PONCE DE LEON BLVD. #262
CORAL GABLES FL 33134

Name
PAUL WIGODA
Street Address (P.O. Box Number is Not Acceptable)
1404 E. BROWARD BLVD
Suite, Apt. #, Etc.

City State Zip Code
FT. LAUDERDALE, FL FL 33301

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 954-491-2771

CR25040 (8/01)

THE
**Aesthetics
Institute**

1404 E. Broward Boulevard • Ft. Lauderdale, FL 33301
(954) 491-2771 • fax: (954) 463-8766

October 16, 2001


Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: The Aesthetics Institute, Inc.
Document # P00000104331

Dear Reinstatement representative,

I received notice today that my corporation, "The Aesthetics Institute, Inc." was dissolved for failure to pay the annual fee. I understand that you normally send the annual report form to be filled out early in the year followed by a second notice later in the year. I moved my office earlier this year from 1960 NE 47th Street, Ft. Lauderdale, FL 33308 to the address noted above. I never received either of these notices. I am enclosing the annual report with the correct address and the fee for \$150.00. I would greatly appreciate it if you would reinstate the corporation without penalties since I did not receive the notices. Because the corporation is new, I was not aware that a report needed to be filed. Thank you very much.

Sincerely,


Paul Wigoda, M.D.