

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 NOV 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000002871**

1. Corporation Name

COSMECARE, INC.

2. Principal Office Address

1320 BRIDGEPORT DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1320 BRIDGEPORT DR.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

Country

32789 USA

City & State

WINTER PARK, FL

Zip

Country

32789 USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3687430

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

RUSSELL L. FORKEY

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

2888 EAST OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33306

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

[Signature]

Date **11-3-05**

REGISTERED AGENT MUST SIGN

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
D	DR. THOMAS P. TREVISANI	1320 BRIDGEPORT DRIVE	WINTER PARK FLORIDA 32789
			200061442892 11/15/05--01057--018 **908.75

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:

Thomas P. Trevisani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-05

Daytime Phone #

407-276-2680

RECEIVED NOV 15 2005