

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002871

1. Corporation Name

COSMECARE, INC.

Principal Place of Business

320 N EDINBURGH DR STE B
WINTER PARK FL 32792

Mailing Address

320 N EDINBURGH DR STE B
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

STE A

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

STE A

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

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. 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

TREVISANI, THOMAS P DR

3

Street Address of Each
Officer and/or Director

320 N EDINBURGH DR STE B

4

City / State / Zip

WINTER PARK FL 32792

500010152835
02/05/03--01053--014 **500.00

500010152835
01/15/03--01032--001 **600.00

500010152835
02/06/03--01069--014 **300.00

8. Name and Address of Current Registered Agent

TREVISANI, THOMAS P MD
320 N EDINBURGH DR STE B
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

1-11-03

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

Date

1-11-03

Daytime Phone #

CR20040 (802)



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 17, 2003

COSMECARE, INC.
320 N EDINBURGH DR STE a
WINTER PARK, FL 32792

SUBJECT: COSMECARE, INC.
Ref. Number: P01000002871

We have received your document for COSMECARE, INC. and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$900.00.

There is a balance due of \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 103A00002695