PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 NOV 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043558

1. Corporation Name: Lucy's Hair & Skin Care, Inc.

2. Principal Office Address	**3.** Mailing Office Address
18281 NW 68 Ave	Same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33015 Country: Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5-01-01

5. FEI Number: 65-1109523 ☐ 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: Lucy Saavedra

Street Address (P.O. Box Number is Not Acceptable): 735 W. 74th Place

Suite, Apt. #, Etc.:

100009050901
11/18/02--01081--011 **150.00

City: Hialeah State: FL Zip Code: 33014

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: Lucy Saavedra — REGISTERED AGENT MUST SIGN — Date: 11-12-02

CR2E081 (9/01)

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
P.	Lucy Saavedra	735 W. 74th Place	Hialeah FL 33014

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: Lucy Saavedra — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11-12-02 — Daytime Phone #: 305-477-3726

JF 11/21

PIANELLI & ASSOCIATES, INC.

Tuesday, November 12, 2002

TO: FLORIDA DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: LUCY'S HAIR AND SKIN CARE, INC.
18281 NW 68 AVE
MIAMI, FL 33015

DOCUMENT NO: P010000043558
FED ID: 65-1109533

To whom it may concern:

As I mentioned to your department this morning the above referenced corporation has not received their 2002 Uniform Business Report therefore they were not able to comply with the May 2002 deadline. Attached you will find a completed and signed report along with a check in the amount of $ 150.00.

At this time we request abatement for the late payment fee of $ 600.00 since it was impossible for my client to send the report on time if it was never received.

If you should have any questions please feel free to contact our office at the below listed number. Thanking you in advance for prompt cooperation.

Sincerely,

Vanessa S. Pianelli
PIANELLI & ASSOCIATES, INC.

1470 NW 107TH AVE • SUITE U • MIAMI, FL 33172 • PH 305-477-3726 FAX 305-392-2554 • pianelliassoc@aol.com