PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE FIFED Jim Smith Secretary of State 02 NOV 25 PM 3: 21 REINSTAT DIVISION OF CORPORATIONS P01000064428 **DOCUMENT #** SECRET BY OF STATE
TALLAHAMS TO FLORIDA 1. Corporation Name BEAUTIFUL FACES SKIN CARE, INC. Principal Place of Business Mailing Address 2735 CORAL WAY 2735 CORAL WAY MIAM! FL 33145 MIAMI FL 33145 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 Date Incorporated or Qualified
 To Do Business in Florida 06/28/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-118506 City & State Not Applicable Zip \$8.75 Additional Fee required Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director LORENSO, MIRIAM L 2735 CORAL WAY **MIAMI FL 33145** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LORENZO, MIRIAM L Street Address (P.O. Box Number is Not Acceptable) 2735 CORAL WAY **MIAMI FL 33145** Suite, Apt. #, Etc. City State | 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 Agen REGISTERED AGENT MUST SIGN 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.

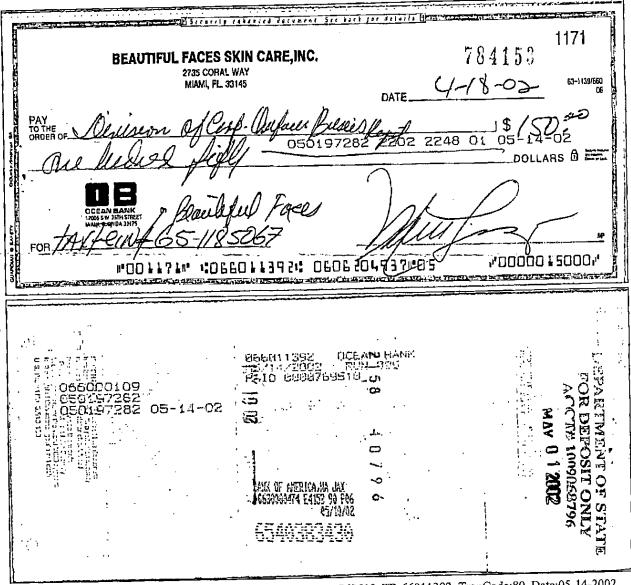
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

11-20-05

Date

Doutima Dhana #



Account:60620493705 Serial:1171 Amount:\$150.00 Sequence:769510 TR:66011392 TranCode:80 Date:05-14-2002 EAF:0

Miami, FL, November 21, 2002

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

REF: BEAUTIFUL FACES SKIN CARE, INC. No. P01000064428

Dear Sirs,

This is to inform you that we discovered from your website (www.sunbiz.org) that our company has an INACTIVE status. We sent a payment along with the 2002 Uniform Business Report and Check No. 1171, which was cashed by you on May 1, 2002. Therefore, we would like to request an explanation of why this company is inactive, since we sent the payment and Uniform Business Report on time. We are enclosing copy of check 1171 for you to please update your records.

Please reply as soon as possible. Thank you very much for your cooperation.

Sincerely

MIRIAM L (LOKENZO

President

Encl: Copy of Check 1711

Annual Business Report 2002 for BEAUTIFUL FACES SKIN CARE, INC.