

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1b

06 SEP 11 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Dermastart, Inc.

1. Corporation Name

P01000085449

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

446 W. Plant St

Suite, Apt. #, etc.

Suite 5

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Office Address

614 E. Hwy 50

Suite, Apt. #, etc.

Suite 102

City & State

Clermont, FL

Zip

34711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/2001

5. FEI Number

593752387

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

Cherie Dobbs

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

2037 Sailborough Ct.

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

Cherie Dobbs

Date

9/8/06

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
P	Cherie Dobbs	2037 Sailborough Ct.	Winter Garden, FL 34787

300079773533
09/12/06--01034--006 **450.00

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 contained in Chapter 119, 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:

Cherie Dobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/06

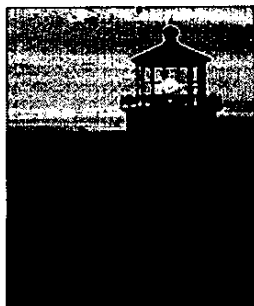
Date

352.409.0624

Daytime Phone #

9/12/06

212



LOU HECK ASSOCIATES, INC.

Your All-Inclusive Financial Services Organization

September 8, 2006

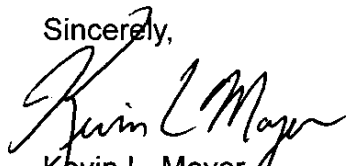
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Per my telephone conversation with your representative today, enclosed you will find a Corporation Reinstatement form for my client, Dermastart, Inc. (59-3752387) along with Check # 2418 in the amount of \$450.00. The check represents payment of the filing fee for the Uniform Business Report for the years 2004, 2005 and 2006. The Uniform Business Report notice was never received by my client, most likely due to a change of address, so we are forwarding this form and letter of explanation as directed.

Thank you for your consideration and assistance in this matter.

Sincerely,


Kevin L. Moyer
Senior Accountant