


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P02000016394 | |  | |
| 1. Entity Name MARINA'S FACE, BODY & NAIL CARE OF LONGBOAT KEY, INC. | | | |
| Principal Place of Business 3172 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 | | Mailing Address 3172 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 75-3028064 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 88.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VARON, A MARINA 3408 45TH STREET WEST BRADENTON, FL 34209 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is NOT Acceptable) | | Street Address (P.O. Box Number is NOT Acceptable) | |
| City | | City | |
| FL | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: <i>Marina Varon pres</i> | | DATE: <i>October 5, 05</i> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARON, A MARINA | NAME | 200060458252 |
| STREET ADDRESS | 3408 45TH STREET WEST | STREET ADDRESS | 10/10/05--01077--024 **150.00 |
| CITY - ST - ZIP | BRADENTON, FL 34209 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARON, CARLOS | NAME | |
| STREET ADDRESS | 3408 45TH STREET WEST | STREET ADDRESS | |
| CITY - ST - ZIP | BRADENTON, FL 34209 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered. | | | |
| SIGNATURE: <i>Marina Varon pres</i> | | Date: <i>Oct 5, 05</i> | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E088 (8/04)

4. FEI Number 75-3028064 Applied For Not Applicable

5. Certificate of Status Desired [] 88.75 Additional Fee Required

6. Name and Address of Current Registered Agent: VARON, A MARINA, 3408 45TH STREET WEST, BRADENTON, FL 34209

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Marina Varon pres DATE: October 5, 05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Table with 2 main columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like VARON, A MARINA and VARON, CARLOS with their addresses and checkboxes for Delete, Change, or Addition.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: Marina Varon pres Date: Oct 5, 05