PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-02000034745

1. Corporation Name
KEY BEAUTY PRODUCTS, INC.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
1388 N.W.	
Suite, Apt. #, etc. SUITE #3	Suite, Apt. #, etc.
BOCA RATON BLVD	
City & State: BOCA RATON FL	City & State
Zip: 33432 Country: PALM BEACH	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/29/02

5. FEI Number: 43-1956089 ☐ 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: CORPORATE - CREATIONS

500023710995
10/10/03--01053--025 **750.00

Street Address (P.O. Box Number is Not Acceptable): 941 FOURTH ST. #200

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33432

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: ROBERTO CID — Date: 10/7/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES.	ROBERTO CID	18994 CLOUD LAKE CIRC.	BOCA RATON FL. 33496
V.P.	SALVATORE CIOFFI	18718 DINNER KEY DR	BOCA RATON FL. 33498
T	RAMON LUNA	3100 N.W. BOCA RATON BLVD	BOCA RATON FL. 33431
SEC.	ROSENDO CID	18994 CLOUD LAKE CIR	BOCA RATON FL. 33496

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: ROBERTO CID — 10/7/03 — (561)542-2152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #