

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

04 DEC 28 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061089

1. Corporation Name

DARY Health and Beauty, Inc.

2. Principal Office Address

8075 NW 751

Suite, Apt. #, etc.

508

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Office Address

8075 NW 751

Suite, Apt. #, etc.

508

City & State

Miami FL

Zip

33126

Country

USA

REINSTATEMENT BY

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/2002

5. FEI Number

03-0458160

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

LUZ D DIAZ

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

8075 NW 751

Suite, Apt. #, Etc.

508

City

Miami

308843677093  
12/28/04--01049--015 \*\*750 00

1/25/03 90092 024 150.00

State

FL

Zip Code

33126

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12-22-2004

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/D	LUZ A DIAZ	8075 NW 751 #508	Miami, FL 33126

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-04

Date

Daytime Phone #

CR2001 (01/04)