

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.O. 2000063439

1. Corporation Name

DERMALIFE ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

1725 OAK SPRINGS PL PO BOX 957862

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

LAKE MARY FL

Zip

32746

Country

USA

Zip

32745

Country

USA

REINSTATEMENT

06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06-07-2002

5. FEI Number

352170815

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

ALEXANDER E. GONZALEZ

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

1725 OAK SPRINGS PLACE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alexander E. Gonzalez

REGISTERED AGENT MUST SIGN

Date

June 25, 08

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	NICHOLAS BETANCOURT	1725 OAK SPRINGS PL	LAKE MARY FL 32746
VP	ALEXANDER E. GONZALEZ	1725 OAK SPRINGS PL	LAKE MARY FL 32746

600134379536

08/12/08--01038--003 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander E. Gonzalez

Date

(321) 214 4304
June 25, 08

Daytime Phone #