

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106985

1. Corporation Name

JILLICIOUS MAKEUP, INC

299 COCO PLUM ROAD
SAME

2. Principal Office Address

299 COCO PLUM ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33143

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/03/02

5. FEI Number

54-2076940

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

JACOBSON JILLIAN

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

299 COCO PLUM ROAD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date 08/15/04

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 | JILLIAN JACOBSON ALTIT | 299 COCO PLUM ROAD | CORAL GABLES, FL 33143 |
| | | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/04

Date

305-665-5833

Daytime Phone #

CR2E081 (01/04)

292

MOYAL & ASSOCIATES, INC

**208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024**

August 18, 2004

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR JILLICIOUS MAKEUP, INC
DOC # P02000106985

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR JILLICIOUS MAKEUP, INC \$ 300.00 FOR 2003 & 2004. MR JACOBSON NEVER RECEIVED THE RENEWAL OF THE CORPORATION FOR 2003 & 2004. SHE MOVED AND NEVER RECEIVED THE RENEWAL FORM FOR 2003 & 2004. SHE IS REQUESTING THAT ANY PENALTY BE WAIVED AND THAT THE MAILING ADDRESS BE CHANGED AS PER THE FORM ENCLOSED.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

SINCERELY,



**PATRICK R. MOYAL
ACCOUNTANT**



**JILLIAN JACOBSON
PRESIDENT**

**TEL: 954-430-3930
FAX: 954-430-3939
EMAIL: PMOYAL@MSN.COM**