

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000118262

Entity Name: TRICIA'S SKIN CARE CENTER, INC.

FILED  
Oct 11, 2006  
Secretary of State

## Current Principal Place of Business:

3170 N. FEDERAL HIGHWAY  
SUITE 111  
LIGHTHOUSE POINT, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

3170 N. FEDERAL HIGHWAY  
SUITE 111  
LIGHTHOUSE POINT, FL 33064

## New Mailing Address:

FEI Number: 04-3721127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICRESCENZO, ANGELA  
3170 N. FEDERAL HIGHWAY  
SUITE 103C  
LIGHTHOUSE POINT, FL 33064 US

## Name and Address of New Registered Agent:

LAMBE, PATRICIA  
3170 N. FEDERAL HIGHWAY  
SUITE 111  
LIGHTHOUSE POINT, FL 33064 US

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.

SIGNATURE: PATRICIA LAMBE

10/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAMBE, PATRICIA  
Address: 2330 NE 51ST STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAMBE, PATRICIA  
Address: 3170 N. FEDERAL HIGHWAY SUITE 111  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LAMBE

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date