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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119662

1. Corporation Name
COSMETIC ARTISTRY, INC.

1440 79TH STREET CSWY
1440 79TH STREET CSWY

700117603897
02/08/08--01020--001 **450.00

REINSTATEMENT
06-08

2. Principal Office Address
1440 79TH STREET CSWY

3. Mailing Office Address
1440 79TH STREET CSWY

Suite, Apt. #, etc.
SUITE 410

Suite, Apt. #, etc.
SUITE 410

4. Date Incorporated or Qualified
To Do Business in Florida 11/07/2002

City & State
NORTH BAY VILLAGE, FL

City & State
NORTH BAY VILLAGE, FL

5. FEI Number
57-1138000

Applied For
Not Applicable

Zip
33141

Country
USA

Zip
33141

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIA I. STEVENAZZI

Street Address (P.O. Box Number is Not Acceptable)
1440 79TH STREET CSWY

Suite, Apt. #, Etc.
SUITE 410

City
NORTH BAY VILLAGE

State
FL

Zip Code
33141

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 *Maria I. Stevenazzi*
REGISTERED AGENT MUST SIGN

Date JAN. 16, 2008

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	MARIA I. STEVENAZZI	1440 79TH STREET CSWY-STE 410	NORTH BAY VILLAGE, FL 33141

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: *Maria I. Stevenazzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 16, 2008

Date Daytime Phone #

CR2E081 (01/04)

20fz

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2006 &, 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.

CORDIALLY YOURS,



MARIA I. STEVENAZZI
PRESIDENT