

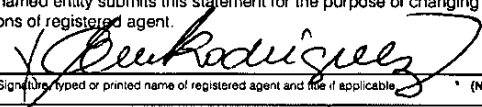



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000122212 1. Entity Name ADVANTAGE DERMATOLOGICS INC.						FILED 05 APR 22 PM 4:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12500 NE 15 AVENUE #602 NORTH MIAMI, FL 33161				Mailing Address 12500 NE 15 AVENUE #602 NORTH MIAMI, FL 33161			
2. Principal Place of Business 12490 NE 7 AVE		3. Mailing Address 12490 NE 7 AVE		 REINSTATEMENT 04-05-05 04/02/05 REIN-PJ CR2E098 (6/04)			
Suite, Apt. #, etc. 222		Suite, Apt. #, etc. 222					
City & State N. MIAMI, FL		City & State N. MIAMI, FL					
Zip 33161		Country U.S.A.		Zip 33161		Country 	
4. FEI Number 74-3069467				Applied For - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent RODRIGUEZ, EVELYN E 12500 NE 15 AVENUE #602 NORTH MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12490 NE 7 AVE #222 City N. MIAMI FL Zip Code 33161			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  4-20-05 <small>Signature typed or printed name of registered agent and title if applicable * (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME RODRIGUEZ, EVELYN E STREET ADDRESS 12500 NE 15 AVENUE #602 CITY-ST-ZIP NORTH MIAMI, FL 33161				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 12490 NE 7 AVE #222 CITY-ST-ZIP N. MIAMI, FL 33161			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE:  Evelyn E. Rodriguez 4-20-05 305-893-9409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							