

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000130273**

1. Corporation Name

**ABSOLUTE AESTHETICS, INC.**

Principal Place of Business

Mailing Address

135 CEDAR DUNES  
NEW SMYRNA BCH FL 32169

135 CEDAR DUNES  
NEW SMYRNA BCH FL 32169



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

~~P02000130273~~

☐ Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	COSTELLO, CAMILLE	135 CEDAR DUNES	NEW SMYRNA BCH FL 32169

500023855945  
10/16/03--01050--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COSTELLO, CAMILLE  
135 CEDAR DUNES  
NEW SMYRNA BCH FL 32169

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Camille Costello*  
REGISTERED AGENT MUST SIGN

Date **10-15-03**

11. 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:

*Camille Costello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-15-03**

Date

**407-5954115**  
Daytime Phone #

CR2E040 (7/03)

10-15-03

PO200130273  
Absolute Aesthetics  
135 Cedar Dunes  
New Smyrna Beach, Fl. 32169

As of today in speaking with your office I was advised to inform you of my situation. I incorporated my new Business as of December 2002. In march of 2003 my house was demolished by water intrusion and I just been able to return to my house due to construction. I have encountered some postal problems with my mail which my postal master is aware of it. Since I am a new business owner I did not engage in any business in the month of December 2002. I did not realize or look for filing renewal for this year. The mail must have been misrouted as I never received any previous mailing from you.

Please accept this statement as truth and accept my payment for \$50.00 for current filing.

Sincerely,

Camille Costello