

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008274

1. Entity Name  
DORIANNE COSMETICS, INC.



Principal Place of Business  
10226 IBIS RESERVE CIR  
W PALM BEACH, FL 33412

Mailing Address  
10226 IBIS RESERVE CIR  
W PALM BEACH, FL 33412

2. Principal Place of Business  
20555 SOUTH CHARLESTON  
Suite, Apt. #, etc.

3. Mailing Address  
20555 SOUTH CHARLESTON  
Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

Zip  
33434 Country

Zip  
33434 Country

06212005 REIN-P CR2E098 (6/04)

4. FEI Number  
11-3673355 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
BETH ROSEN  
Street Address (P.O. Box Number is Not Acceptable)  
20555 SOUTH CHARLESTON  
City  
BOCA RATON FL Zip Code  
33434

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 *Beth Rosen* BETH ROSEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROSEN, BETH  
10226 IBIS RESERVE CIR  
W PALM BEACH, FL 33412 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
20555 SOUTH CHARLESTON  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700056630947  
06/29/05--01002--001 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 JUN 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 6 2005



05

6/22/05

561  
995-0881