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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 AUG 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/01/04--01046--001 **150.00

~~03/01/04 01046--001 **150.00~~ SC

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0300006203		2004 P03000062032	
1. Corporation Name FABULOUS FACES BY MARIA, INC			
2. Principal Office Address 2246 SW 26 LANE Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State HOMESTEAD, FLORIDA		City & State	
Zip 33035	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 06/05/2003		5. FEI Number 03-0519864	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent		
Name MARIA C. GALVIS		
Street Address (P.O. Box Number is Not Acceptable) 2246 SW 26 LANE		
Suite, Apt. #, Etc.		
City HOMESTEAD	State FL	Zip Code 33035

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 C Galvin Date: 8/22/2004

REGISTERED AGENT MUST SIGN

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/D	GALVIS, MARIA C	2246 SE 26 LANE	HOMESTEAD, FLORIDA 33035

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 C Galvin Maria C Galvin Date: 8/22/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

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FABULOUS FACES BY MARIA
2246 SE 26 Lane, Homestead, Florida 33035 (305) 251-8891

Miami August 21, 2004

*Florida Division of Corporations
Reinstatement Division*

*Ref: Fabulous Faces By Maria, Inc
P0300006203*

Gentlemen/Madam:

On February 14 2004, we relocate our facilities to 2246 SE 26 Lane Homestead, Florida 33035 due to an opportunity to reduce fixed expenses. Due to the moving, our mailing was not received, lost or misplaced as possibly that happen with your notice

Along with this letter, you will find a UBR form properly filled, along with a check for \$150.00 to cover the fees. We request the acceptance of the UBR due to the facts explained above and the reinstatement of our corporation

Thanks in advance for your cooperation

Sincerely,



*Maria C. Galvis
President*