

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000067384

1. Entity Name  
ACCENTS ON AGING ASTHETICS, INC.



FILED  
06 MAY 22 PM 12:54

Principal Place of Business  
695 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Mailing Address  
695 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

REINSTATEMENT STATE FLORIDA



2. Principal Place of Business  
12566 86<sup>th</sup> AVE N.  
Suite, Apt. #, etc.

3. Mailing Address  
12566 86<sup>th</sup> AVE N.  
Suite, Apt. #, etc.

03262006 REIN-P CR2E098 (11/05)

City & State  
SEMINOLE FL.  
Zip  
33776 Country

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SEMINOLE FL.  
Zip  
33776 Country

4. FEI Number  
04-3763667  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNY, EDWARD J  
695 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name  
LISA MARQUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
12566 86<sup>th</sup> AVE N.  
City  
SEMINOLE FL Zip Code  
33776

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 *[Signature]* LISA MARQUEZ President 3/26/06  
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 D  
MARQUEZ, RODOLFO Z  
STREET ADDRESS 12566 86 AVE. NO.  
CITY-ST-ZIP SEMINOLE, FL 33776 *vice president*

TITLE  
NAME M  
MARQUEZ, LISA  
STREET ADDRESS 12566 86TH AVE. N.  
CITY-ST-ZIP SEMINOLE, FL 33776 *Change president*

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 MARQUEZ, Rodolfo Z *Change*  
STREET ADDRESS 12566 86<sup>th</sup> AVE N. Seminole, FL *vice president*  
CITY-ST-ZIP *Change*

TITLE  
NAME MARQUEZ, LISA *Change*  
STREET ADDRESS 12566 86<sup>th</sup> AVE N. Seminole, FL *President*  
CITY-ST-ZIP 33776 *Change*

TITLE  
NAME  
STREET ADDRESS 300075547743  
CITY-ST-ZIP 05/31/06--01015--014 \*\*158.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS *\$15/26*  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 300075547743  
CITY-ST-ZIP 05/31/06--01015--015 \*\*150.00 ☐ 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 exemptions contained in Chapter 119, 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]* 3/26/06 (727) 637-7518  
Signature and typed or printed name of signing officer or director Date Daytime Phone #