

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

112

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000013096					
1. Corporation Name VIVIS TOTAL BEAUTY INC.					
2. Principal Office Address 13851 S.W 62 TR.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami			City & State		
Zip FL 33183	Country	Zip	Country		

REINSTATEMENT

05-06

4. Date incorporated or Qualified To Do Business in Florida 1/15/04	
5. FEI Number 86-1094068	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ SEE INSTRUCTIONS FOR FILING REQUIREMENTS	

7. Name and Address of Current Registered Agent	
Name Viviana Garcia	
Street Address (P.O. Box Number is Not Acceptable) 13851 S.W 62 TERRACE	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33183

200072781 442
04/28/06--01028--013 **300.00

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 Viviana Garcia		Date 04-11-06	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Viviana Garcia	13851 S.W 62 TR.	Miami FL. 33183
J-P	GUSTAVO GARCIA	13851 S.W 62 TR	Miami FL. 33183
T	Ruben GARCIA	13851 S.W 62 TR	Miami FL. 33183
S	Edna V. GARCIA	13851 S.W 62 TR	Miami FL. 33183
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 contained in Chapter 119, 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: Viviana Garcia		Date 04-11-06 305.338.2381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

K. Eckel APR 18 2006

**Vivi's Total Beauty Inc.
13851 SW 62 Terrace
Miami, FL 33183**

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Department of State
Division of Corporations
P.O 6327
Tallahassee, FL 32314

Re: Doc. #P04000013096

Dear Sirs;

Enclosed please find a check in the amount of \$300.00 to reinstate my corporation. I did not receive any notification in the mail for 2005 or 2006 by mail so I am asking that the penalty fee be waived because of this.

Thank you in advance for your time and consideration.

Sincerely,

Viviana Garcia
President