

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000039418

1. Corporation Name

ESTETIC TREATMENT CENTRE, INC

2. Principal Office Address - No P.O. Box #

6447 NW 22ND STREET

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

991 SW 71ST AVE

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

Zip

33068

Country

USA

7. Name and Address of Current Registered Agent

Name

LUISA OSORIO

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

6447 NW 22ND STREET

Suite, Apt. #, Etc.

City

MARGATE, FL

State

FL

Zip Code

33063

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

Luisa Osorio

REGISTERED AGENT MUST SIGN

Date **3/10/2008**

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	LUISA OSORIO	6447 NW 22ND STREET	MARGATE, FL 33068
VP	NEAL TORIBIO	6447 NW 22ND STREET	MARGATE, FL 33068

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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:

Luisa Osorio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008

Date

954-326-6816

Daytime Phone #

FILED

08 MAR 19 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)