

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 19 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD4000085023**

1. Corporation Name

SACHA WORLD OF COSMETICS INC.

100130901791
06/05/08--01018--004 **458.75

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

1043 ASHTON ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

SAME

City & State

JACKSONVILLE FL

City & State

SAME

Zip

32208

Country

DUVAL

Zip

SAME

Country

SAME

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

05-28-2004

5. FEI Number

51-0510013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROWLAND V. WILLIAMS

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

6411 ARLINGTON ROAD

Suite, Apt. #, Etc.

SUITE 1

City

JACKSONVILLE

State

FL

Zip Code

32211

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Rowland V. Williams

REGISTERED AGENT MUST SIGN

Date **May 19, 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
CEO	DEROSA, MARLA J.	1043 ASHTON STREET	JACKSONVILLE FL 32208
PTD	DEROSA, MARLA J.	1043 ASHTON STREET	JACKSONVILLE FL 32208
COO	DEROSA, FRANCIS	1043 ASHTON STREET	JACKSONVILLE FL 32208
VPD	DEROSA, FRANCIS	1043 ASHTON STREET	JACKSONVILLE FL 32208
SD	JENKENS, BLAIR	1043 ASHTON STREET	JACKSONVILLE FL 32208

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:

Francis Derosa COO/VPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/2008
Date

904-742-4935
Daytime Phone #