

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000086122

1. Corporation Name

PAX Cosmetics, Inc.

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

3097 Eagles Landing Circle W.

Suite Apt. #, etc.

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Office Address

3097 Eagles Landing Circle W.

Suite Apt. #, etc.

City & State

Clearwater, FL

Zip

33761

Country

USA

7. Name and Address of Current Registered Agent

Name

Brian Burek c/o Brimmer, Burek & Keelan, LLP

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

5601 Mariner Street

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date 10.26.2007

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
Pres.	Nicole Paxson	3097 Eagles Landing Circle W.	Clearwater, FL 33761
Sec/Treas	Marla Paxson	3097 Eagles Landing Circle W.	Clearwater, FL 33761

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10/29/07--01051--004 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/07

Daytime Phone #

310-266-2660

B. Mitchell OCT 29 2007

FILED

07 OCT 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT
CR2E081 (1/07) 05-074. Date Incorporated or Qualified
To Do Business in Florida

06/01/2004

5. FEI Number:

20-1191466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DES REO ☐\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.