2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000087219 1. Entity Name								
A PALM SPRING INTERNATIONAL II COSMETIC SURGERY, INC.		NSTITUTE OF				2007 DEC 2		
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE				
1490 W. 491 HIALEAH, FL	TH PL., #208	1490 W. 49TH PL., #208 Hialeah, Fl 33012			SECRETARY OF STATE TALLAHASSEE.FLORIDA			
HINCLAH, I L	33012	HINLERII, IL 33012			1 (28) (16) (17) 48 (1) 6 (27) 42 (7)	tiñ sair saisi jani ias	im 17001 ft010 191	IRB1 II 1881
Principal Place of Business - No P.O. Box # 3. Mailing Address								
4355 WEST/6" AUE		4355 WEST 16" AVE			i isolissi (ii ssiii stali sek s	EITH M MISH M MINI SASTI I DE	112 17091 ITO 1811	HERT II LEWI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			11072007 REIN-P	11072007 REIN-P CR2E098 (1/07)		
City & State HIALENH FC		City & State			4. FEI Number Applied F.		-	
Zip	Country	HIALEAH	Country		20-1309374		Not \$8.75 Addi	t Applicable
3301	2 MIAMIOADE	33012	MIAMID	ade-	5. Certificate of Status Desi	red 🔲	Fee Required	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of N	lew Registered A	(gent	
CĂSO, CLARA M				Street Address (P.O. Box Number is Not Acceptable)				
17600 SW SW RANC	59TH CT. HES, FL 33331	Silver A	Strate Address (F.O. Box Inditidents INDI Acceptable)					
5781 S					URRY CIR WEST			
•		DRRY CIR WEST DDEADALE FL Zip Code 3333,						
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.								
J	•							
SIGNATURE X Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
E11	E NOW!!! FEE IS \$150.00						400/00/60 1	F.O. #-
	nuary 1, 2008, Fee will be \$300.00	0			corporation	nce with s. 607 n did not receive	the prior n	otice.
10,	OFFICERS AND I		11.	PD	ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE NAME	CASO, CLARA M	☐ Delete	TITLE NAME	CAS	SOICLARA M		Change	■ Addition
STREET ADDRESS	17600 SW 59TH CT.		STREET ADDRESS	572	SISURRY CIR	West		
CITY-ST-ZIP	SW RANCHES, FL 33331	Delete	CITY-ST-ZIP	FOL	IRT LANDERDA	ILE PL	3333 <u>/</u> □ Change	Addition
TITLE NAME	FLORES, VICTOR H	Delete	TITLE NAME		70011	3371 <u>0</u>		Addition
STREET ADDRESS	5445 COLLINS AVE.		STREET ADDRESS		12/24/07010	018018	**150.1	00
CITY-ST-ZIP	MIAMI BCH, FL 33140 SD	☐ Delete	CTY-ST-ZIP				☐ Change	☐ Addition
TITLE	ESPINOZA, WILLIAM	L_1 Uelete	NAME				□ change	Mudition
STREET ADDRESS	1140 W. 50TH ST., SUITE 202		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33012	□ Delete	CITY-ST-ZIP	1			☐ Change	☐ Addition
TITLE NAME		☐ Delete	NAME				□ oranite	☐ Additoil
STREET ADDRESS			STREET ADDRESS					
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TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		П.	CITY-ST-ZIP				[] Chaces	☐ Addis-
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP	and the stand that in force at least a second to the last	this filling done and smalle. For	CITY-ST-ZIP		in Chapter 110. Florida Chat	ton further ====	in that the !-	formation
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 supplied 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 receive footy trustee and overed 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.								
changed, or on an attachment with an address, with all other like empowered.								
SIGNAT	URE: X ///////////////////////////////////	W			11/24/7 Date	305/	827/1	703
GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Physics								
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