


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000087219		
1. Entity Name A PALM SPRING INTERNATIONAL INSTITUTE OF COSMETIC SURGERY, INC.		

Principal Place of Business 1490 W. 49TH PL., #208 HIALEAH, FL 33012	Mailing Address 1490 W. 49TH PL., #208 HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 4355 WEST 16 TH AVE	3. Mailing Address 4355 WEST 16 TH AVE
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202

City & State HIALEAH FL	City & State HIALEAH FL
Zip 33012	Zip 33012
Country MIAMI OADE	Country MIAMI OADE

11072007 REIN-P CR2E098 (1/07)

4. FEI Number 20-1309374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASO, CLARA M 17600 SW 59TH CT. SW RANCHES, FL 33331	7. Name and Address of New Registered Agent Name CASO, CLARA M. Street Address (P.O. Box Number Is Not Acceptable) 5781 SURRY CIR WEST City FT LAUDERDALE FL Zip Code 33331
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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.

SIGNATURE: X (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASO, CLARA M 17600 SW 59TH CT. SW RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VD CASO, CLARA M. 5781 SURRY CIR WEST FOUR LAUDERDALE FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLORES, VICTOR H 5445 COLLINS AVE. MIAMI BCH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700113371057 12/24/07--01018--018 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPINOZA, WILLIAM 1140 W. 50TH ST., SUITE 202 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplemental report is true 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 receiver or trustee empowered 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.

SIGNATURE: X [Signature] 11/24/7 305/827/1703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 DEC 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/24/07