

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000163673

1. Corporation Name

KRISTINA'S SKIN CARE, INC.

2. Principal Office Address - No P.O. Box #
100 SUNRISE AVE.

Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip
33480

Country
USA

3. Mailing Office Address
2344 SARATOGA BAY DRIVE

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip
33409

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
34-2026681

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
BOZENA K. GOLEBIEWSKI

Street Address (P.O. Box Number is Not Acceptable)
2344 SARATOGA BAY DRIVE

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33409-7225

☒ 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

B. Golebiewski

REGISTERED AGENT MUST SIGN

Date **04/26/2007**

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
PRESIDENT	BOZENA K. GOLEBIEWSKI	2344 SARATOGA BAY DRIVE	WEST PALM BEACH, FL 33409-7225

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05/13/07--01061--006 **450.00

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:

B. Golebiewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-29 07

Daytime Phone #

561 779 58 94

2/26