

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 JUL 20 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07  
CR2E081 (1/07)

**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.**

3. Mailing Office Address  
**2344 SARATOGA BAY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33480**

Country  
**USA**

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

200104517122  
05/13/07--01081--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

**06-29 07**

Date Daytime Phone #

561 779 58 94 p 7/26