

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007386

1. Entity Name
LIPS UNLIMITED, INC.



FILED

08 OCT -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3245 LUSITANIA DR
INDIALANTIC, FL 32903 US

Mailing Address
2117 N. BABCOCK ST
STE #237
MELBOURNE, FL 32901 US

2. Principal Place of Business - No P.O. Box #

2117 N. Babcock St

Suite, Apt. #, etc.

Ste #237

City & State

Melbourne

Zip

32901

Country

Brevard

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



09302008 REINSTATEMENT CR2E098 (1/07)

4. FEI Number

20-2115888

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, RUTH R
1130 PEACOCK AVE NE
PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FRANK, PAULA M
375 EMERSON PLAZA WAY #412
ALTAMONTE SPRINGS, FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MENENDEZ, RUTH
1130 PEACOCK AVE N.E.
PALM BAY, FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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10/03/08--01045--004 **150.00

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9.29.08