

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 16 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11052006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000010303 1. Entity Name HIS & HERS COSMETICS, INC.			
Principal Place of Business 7241 MIAMI LAKES DRIVE UNIT #D-21 MIAMI LAKES, FL 33014		Mailing Address 7241 MIAMI LAKES DRIVE UNIT #D-21 MIAMI LAKES, FL 33014	
2. Principal Place of Business 7080 N.W. 173 Drive Suite, Apt. #, etc. Apt. #1406		3. Mailing Address Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33015	Country USA	Zip	Country
4. FEI Number 20-2206222		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, MARLON 7241 MIAMI LAKES DRIVE UNIT #D-21 MIAMI LAKES, FL 33014		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, MARLON 7241 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete 400081879204 11/16/06--01072--007 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, BRENDA 7241 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete 400081879204 11/16/06--01072--008 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President marlon perez 7080 N.W. 173 Drive (Apt #1406) miami, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brenda Perez 7080 N.W. 173 Drive (Apt #1406) miami, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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"/> Delete <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"/> Delete <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 reports 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Nov-5-2006 (305) 200-9940 <small>Date Daytime Phone #</small>	