

2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000036642

1. Entity Name
PIXIS MAKE-UP, INC.



FILED

07 MAY 25 AM 10:42

07/26/07 90002019 150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9856 S.W. 159TH COURT
MIAMI, FL 33196

Mailing Address
9856 S.W. 159TH COURT
MIAMI, FL 33196



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04262007 REIN-P CR2E098 (1/07)

4. FEI Number
20-2745917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJIA, MARIA V
9856 S.W. 159TH COURT
MIAMI, FL 33196

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, MARIA V 9856 S.W. 159TH COURT MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600104265016 <input type="checkbox"/> Addition 06/12/07--01033--017 **150.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/7/07 <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	REINSTATEMENT 06-07 <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
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: [Signature] Date: 6/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 2 of 2

Jack Taraboulos

Accountant

9400 S. Dadeland Blvd. Suite 601
Miami, Florida 33156
(305) 670-3370

April 26, 2007

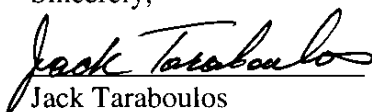
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Pixis Make-Up Inc.
Document #: P05000036642

To Whom It May Concern:

Please find enclosed a reinstatement form for the renewal for the year 2006. We send out a payment that was debited from our account for renewal in 2006 but the corporation was not renewed. According to a customer service representative there was a letter sent out to us on July 26, 2006 inquiring information but we did not receive it. Please accept this check of \$150.00 for the renewal for 2007 and credit the last payment for 2006 as well as waive the reinstatement fee. If you have any questions please call Jack Taraboulos at 305-670-3370 or 786-205-8367.

Sincerely,


Jack Taraboulos
Accountant