

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000009766

Entity Name: SKIN SCIENCE INSTITUTE, INC.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

5210 LINTON BLVD SUITE 307
DELRAY BEACH, FL 33484

New Principal Place of Business:

11000 PROSPERITY FARMS RD
SUITE 301
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

5210 LINTON BLVD SUITE 307
DELRAY BEACH, FL 33484

New Mailing Address:

11000 PROSPERITY FARMS RD
SUITE 301
PALM BEACH GARDENS, FL 33410

FEI Number: 20-4251326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIN & REYES PA
7251 W PALMETTO PARK RD SUITE 205
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SKIN SCIENCE
11000 PROSPERITY FARMS RD
SUITE 301
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: PAUL JOYCE

10/04/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOYCE, PAUL
Address: 5210 LINTON BLVD SUITE 307
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: COOK, CHARLES
Address: 5210 LINTON BLVD SUITE 307
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL JOYCE

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10/04/2007

Electronic Signature of Signing Officer or Director

Date