

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 11:30

DOCUMENT # P06000106241
1. Entity Name
SKINELEGANCE INC.



Principal Place of Business Mailing Address
~~4890 NORTH CITATION DRIVE~~
~~#104~~
~~DELRAY BEACH, FL 33445~~ US ~~4890 NORTH CITATION DRIVE~~
~~#104~~
~~DELRAY BEACH, FL 33445~~ US

REINSTATEMENT 07-08

02-11-08 01043 007 308.75

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4505 S. OCEAN BLVD 4505 S. OCEAN BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
1008 1008

02052008 REIN-P CR2E098 (1/07)

City & State City & State
HIGHLAND BEACH FL HIGHLAND BEACH FL
Zip Zip Country Country
33487 USA 33487 USA

4. FEI Number Applied For
03-0604113 Not Applicable

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

6. Name and Address of Current Registered Agent
~~GOLDMAN, SHERI~~
~~4890 NORTH CITATION DRIVE~~
~~#104~~
~~DELRAY BEACH, FL 33445~~

7. Name and Address of New Registered Agent
Name SAME
Street Address (P.O. Box Number is Not Acceptable)
4505 S. OCEAN BLVD
#1008
City HIGHLAND BEACH FL Zip Code 33487

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: *Sheri Goldman* DATE: 2-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	DIR GOLDMAN, SHERI 4890 NORTH CITATION DRIVE #104 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDMAN, SHERI 4890 NORTH CITATION DRIVE #104 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 a change, with all other like empowered.

SIGNATURE: *Sheri Goldman* DATE: 2-5-08 561-212-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #