

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000014808

FILED
Oct 19, 2009
Secretary of State

Entity Name: BAGATELLE ESTHETIQUE MEDICALE, INC.

Current Principal Place of Business:

2365 SOUTH TAMiami
SARASOTA, FL 34239

New Principal Place of Business:

2015 ROSE STREET
SARASOTA, FL 34239

Current Mailing Address:

7133 QUEEN PALM CIRCLE
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 51-0621727 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DE MAIO, JOCELYNE
7133 QUEEN PALM CIRCLE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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: JOCELYNE DE MAIO

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: PRES () Delete
Name: DE MAIO, JOCELYNE
Address: 7133 QUEEN PALM CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: SEC () Delete
Name: DE MAIO, JOCELYNE
Address: 7133 QUEEN PALM CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: TREA () Delete
Name: DE MAIO, JOCELYNE
Address: 7133 QUEEN PALM CIRCLE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOCELYNE DE MAIO

Electronic Signature of Signing Officer or Director

PRES

10/19/2009

Date