

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 OCT 14 PM 2:49
SECRETARY OF STATE

DOCUMENT # P07000036441

1. Corporation Name

BEAUTIFUL SKIN BY JEN, INC

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14308 MOON FLOWER DR		14308 MOON FLOWER DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL		TAMPA, FL	
Zip	Country	Zip	Country
33626	USA	33626	USA

4. Date Incorporated or Qualified To Do Business in Florida	
3/21/2007	
5. FEI Number	Applied For
20-8767641	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	
\$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
VARRAUX, JENNIFER

Street Address (P.O. Box Number is Not Acceptable)
14308 MOON FLOWER DR

Suite, Apt. #, Etc.

City State Zip Code
TAMPA FL 33626

000291254810
10/14/16--01023--020 **1685.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Jennifer Varraux
REGISTERED AGENT MUST SIGN

Date 10/10/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVPST	VARRAUX, JENNIFER	14308 MOON FLOWER DR	TAMPA, FL 33626

REINSTATEMENT

2010-2014

10. E-mail Address: JENVARRAUX@YAHOO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jennifer Varraux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/16

813-389-8436

Date

Daytime Phone