

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000085899

FILED
Jun 22, 2009
Secretary of State

Entity Name: SHERI LEWIS FITNESS MAKE-UP INC.

Current Principal Place of Business:

2810 CYPRESS TRACE CIRCLE UNIT #2121
NAPLES FLORIDA, FL 34119 US

New Principal Place of Business:

615 92 AVE N.
UNIT # 1
NAPLES FLORIDA, FL 34108 US

Current Mailing Address:

2810 CYPRESS TRACE CIRCLE UNIT #2121
NAPLES FLORIDA, FL 34119 US

New Mailing Address:

615 92 AVE N.
UNIT # 1
NAPLES FLORIDA, FL 34108 US

FEI Number: 26-0660522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, SHERI
2810 CYPRESS TRACE CIRCLE UNIT #2121
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

LEWIS, SHERI A
615 92 AVE N UNIT # 1
NAPLES, FL 34108 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: SHERI LEWIS

06/22/2009

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: LEWIS, SHERI
Address: 2810 CYPRESS TRACE CIRCLE UNIT #2121
City-St-Zip: NAPLES FLORIDA, FL 34119 US

Title: TRES (X) Delete
Name: LEWIS, TAMMY
Address: 2810 CYPRESS TRACE CIRCLE UNIT #2121
City-St-Zip: NAPLES FLORIDA, FL 34119 US

Title: SECT (X) Delete
Name: SEALFON, PEGGY
Address: 2810 CYPRESS TRACE CIRCLE UNIT #2121
City-St-Zip: NAPLES FLORIDA, FL 34119 US

Title: DIR (X) Delete
Name: LEWIS, SHERI
Address: 2810 CYPRESS TRACE CIRCLE UNIT #2121
City-St-Zip: NAPLES FLORIDA, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEWIS, SHERI
Address: 615 92 AVE N UNIT # 1
City-St-Zip: NAPLES FLORIDA, FL 34108 US

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: SHERI LEWIS

CEO

06/22/2009

Electronic Signature of Signing Officer or Director

Date