

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000128149

Entity Name: BARE ESSENCE, INC.

FILED
Feb 28, 2009
Secretary of State

Current Principal Place of Business:

1050 PASADENA RD. SE
PALM BAY, FL 32909

New Principal Place of Business:

18104 GLENMOOR DRIVE
WEST PALM BEACH, FL 33409

Current Mailing Address:

1050 PASADENA RD. SE
PALM BAY, FL 32909

New Mailing Address:

18104 GLENMOOR DRIVE
WEST PALM BEACH, FL 33409

FEI Number: 22-3973052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

NICKERSON, KRISTINA
18104 GLENMOOR DRIVE
WEST PALM BEACH, FL 33409 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: KRISTINA NICKERSON

02/28/2009

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: PD () Delete
Name: ALMETES, EDWIN
Address: 1050 PASADENA RD. SE
City-St-Zip: PALM BAY, FL 32909

Title: VSD (X) Delete
Name: NICKERSON, KRISTINA
Address: 1050 PASADENA RD. SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICKERSON, KRISTINA
Address: 18104 GLENMOOR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

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: KRISTINA NICKERSON

PD

02/28/2009

Electronic Signature of Signing Officer or Director

Date