

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P08000037642**

1. Corporation Name

**THE MAKEUP SPACE.COM, INC.**

2. Principal Office Address - No P.O. Box #

**5422 CARRIER DR.**

Suite, Apt. #, etc.

**104**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

3. Mailing Office Address

**2800 OLYMPIC BLVD**

Suite, Apt. #, etc.

**2ND FLOOR**

City & State

**SANTA MONICA, CA**

Zip

**90404**

Country

4. Date Incorporated or Qualified

To Do Business in Florida **4/14/08**

5. FEI Number

**26-4730166**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

CR28081 (11/10)

**11 JAN 25 PM 4:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**000192482020**

**01/26/11--01003--002 \*\*750.00**

**05/06/10 01012 013 150.00**

**7. Name and Address of Current Registered Agent**

Name

**BLASCO, JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)

**5422 CARRIER DRIVE**

Suite, Apt. #, Etc.

**#104**

City

**ORLANDO**

State

**FL**

Zip Code

**32819**

**REINSTATEMENT**

**10-11**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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
PVS	BLASCO, JOSEPH	5422 CARRIER DR.	ORLANDO, FL 32819
TD	BLASCO, JOSEPH	5422 CARRIER DR.	ORLANDO, FL 32819

10. E-mail Address: **luis@londonco.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/11**

**310 478 5151**