

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000072472

**FILED**  
**Oct 23, 2009**  
**Secretary of State**

**Entity Name:** GENERATIONS SKIN THERAPY, INC.

**Current Principal Place of Business:**

2506 PONCE DE LEON BLVD.  
COAL GABLES, FL 33134 US

**New Principal Place of Business:**

3226 RIVIERA DR.  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

PONCE DE LEON BLVD.  
COAL GABLES, FL 33134 US

**New Mailing Address:**

3226 RIVIERA DR.  
CORAL GABLES, FL 33134 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMB-ORTEGA, BARBARA  
1200 SOUTH GREENWAY DRIVE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

SCHUMANN-LAMB, BARBARA  
3226 RIVIERA DR.  
CORAL GABLES, FL 33134 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: BARBARA SCHUMANN-LAMB

10/23/2009

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: P, D ( ) Delete  
Name: LAMB-ORTEGA, BARBARA  
Address: 2506 PONCE DE LEON BLVD.  
City-St-Zip: COAL GABLES, FL 33134 US

Title: S, T ( ) Delete  
Name: LAMB-ORTEGA, BARBARA  
Address: 2506 PONCE DE LEON BLVD.  
City-St-Zip: COAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, D (X) Change ( ) Addition  
Name: SCHUMANN-LAMB, BARBARA  
Address: 3226 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S, T (X) Change ( ) Addition  
Name: SCHUMANN-LAMB, BARBARA  
Address: 3226 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33134 US

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: BARBARA SCHUMANN-LAMB

P

10/23/2009

Electronic Signature of Signing Officer or Director

Date