

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -1 PM 12:32

DOCUMENT # P09000036090

1. Corporation Name

36472

MEGA MAKEUP STORE.COM, INC.

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

5422 CARRIER DR.

Suite, Apt. #, etc.

104

City & State

ORLANDO, FL

Zip

Country

32819

3. Mailing Office Address

2800 OLYMPIC BLVD

Suite, Apt. #, etc.

2ND FLOOR

City & State

SANTA MONICA, CA

Zip

Country

90404

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/09

5. FEI Number

26-4728163

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

800193064998

02/01/11--01023--015 \*\*750.00

100180474221

05/06/10--01017--011 \*\*150.00

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

REINSTATEMENT

10-11 B 2/2/11

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 3104785151