

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
04 APR 29 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000029024

1. Corporation Name  
COSMETICS PLUS by MARION INC

2. Principal Office Address <u>112 S SEMORAN BLVD</u>		3. Mailing Office Address <u>112 S SEMORAN BLVD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO FL</u>		City & State <u>ORLANDO FL</u>	
Zip <u>32822</u>	Country <u>US</u>	Zip <u>32822</u>	Country <u>US</u>

REINSTATEMENT 95-04

4. Date Incorporated or Qualified To Do Business in Florida <u>4/01/1993</u>	
5. FEI Number <u>593174658</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>MARION HARRELL</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7322 IVORY WAY</u>		<u>300034545403</u>
Suite, Apt. #, Etc.		<u>04/29/04--01014--015 **2108.75</u>
City <u>ORLANDO</u>	State <u>FL</u>	Zip Code <u>32822-5946</u>

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 *Marion Harrell* REGISTERED AGENT MUST SIGN Date 4-24-04

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
<u>P/S/T</u>	<u>MARION HARRELL</u>	<u>7322 IVORY WAY</u>	<u>ORLANDO, FL 32822</u>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *Marion Harrell* MARION HARRELL Date 4/24/04 (407) 275-5475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED81 (01/04)

*TD*