

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 AM 11:56

DOCUMENT # **P940000 10932**

1. Corporation Name

**CENTER FOR ADVANCED COSMETIC DESIGN,
INC.**

2. Principal Office Address

4920 NEWKIRK DRIVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33624

Country
USA

3. Mailing Office Address

4920 NEWKIRK DR

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33624

Country
USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/01

5. FEI Number

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

Anthony C. Lopez

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

711 CRYSTAL LAKE RD

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code

33548

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/8/06

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
<i>[Signature]</i>	Anthony C. Lopez	711 Crystal Lake Rd Lutz FL 33548	Lutz FL 33548
<i>[Signature]</i>	Adele M. Lopez	711 Crystal Lake Rd	Lutz FL 33548

400069057114
03/30/06--01051--011 **450.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Adele M Lopez** **3/8/06** **813-960-5857**

Date

Daytime Phone #

242



Center for Advanced Cosmetic Design
4920 Newkirk Drive
Suite 6
Tampa, Florida 33624
813.960-3937

March 08, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Articles of Incorporation

We have moved twice in the last two years and I have not received notification that this was up for renewal. I also thought our accountant managed this for us. So, needless to say, this slipped thru the cracks.

I spoke to one of your representatives today as she stated that we needed to send in a check in the amount of \$450.00 to reinstate our company. I apologize for the confusion. Can you please update our records with the address and phone number listed above? If you have any questions or if there is additional information that we need to provide, please contact me directly.

Thank You,


Adele M. Lopez