

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Dept. of State
FILED

02 OCT 24 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083021

1. Corporation Name
Moniques Body Essentials Inc.

REINSTATEMENT 97-02

2. Principal Office Address
1861 GULF to Bay Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
1861 GULF to Bay Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
1994 -

City & State
Clearwater, FL.

City & State
Clearwater, FL.

5. FEI Number
593277787
Applied For
Not Applicable

Zip
33765
Country
US/Pinellas

Zip
33765
Country
US/Pinellas

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Anabel LARSON
Street Address (P.O. Box Number is Not Acceptable)
1861 GULF to Bay Blvd 600008545746
Suite, Apt. #, Etc. Clearwater FL. 10/23/02--01047--012 **1500.00
City Clearwater State FL Zip Code 33765

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 A. Larson Date Oct. 16/02
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
Pres.	Monica LARSON	1861 GULF to Bay Blvd.	Clw. FL. 33765
VP	Billy Mantilla	1861 GULF to Bay Blvd.	Clw. FL. 33765
Sec.	Anabel LARSON	1861 GULF to Bay Blvd.	Clw. FL. 33765

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: Monica Larson Date Oct. 16, 2002 Daytime Phone # 727 410-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E081 (9/01)

98/10/25/02