PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 9:04

DOCUMENT # P95000010512

1. Corporation Name
NOVA DERM INTERNATIONAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~484 ROVINO AVE~~	~~6800 SW 40TH ST~~
~~SUITE 455~~	~~SUITE 455~~
~~CORAL GABLES FL 33156~~	~~MIAMI FL 33155~~
~~US~~	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
434 Rovino Ave	6800 S.W. 40th St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. Suite 454
City & State Coral Gables, FL	City & State Miami, FL
Zip 33156 Country USA	Zip 33155 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/1995

5. FEI Number: 65-0554640 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	ALVAREZ, LUIS A	6800 SW 40TH ST SUITE 455	MIAMI FL 33155
DV	FUENZALIDA, ALEJANDRO	IMP SANTA MARTA DE HUECHURABA 67	SANTIAGO DE CHILE CHILE

100002353181---6
-11/20/97--01083--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALVAREZ, LUIS A
6800 SW 40TH ST
SUITE 455
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

100002353181---6
-11/20/97--01083--008
******8.75 ******8.75

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 11-10-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 11/10/97 (305) 663-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #