

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 APR -5 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041419

1. Corporation Name

ADVANCED ESTHETICS CLINIC, INC.

Principal Place of Business

991 A EAST OAKLAND PK BLVD
FT LAUDERDALE FL 33334

Mailing Address

991 A EAST OAKLAND PK BLVD
FT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1995

5. FEI Number

65-0616291

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	4 City / State / Zip
PD	DA SILVA, OLYMPIO C.L.	3345 NE 32 ST	FT LAUDERDALE FL
			600005397006--1 -05/01/02--01019--018 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

DA SILVA, OLYMPIO C
3345 NE 32 ST
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

OLYMPID C.L. DA SILVA

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

432 SE 20th ST

Suite, Apt. #, Etc.

APT # 10

City

FORT LAUDERDALE

State

FL

Zip Code

33316-2843

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/01

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., 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: OLYMPID C.L. DA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 568-5001

(954)

CR2E040 (8/01)