

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000041419

**FILED**  
**Dec 20, 2005**  
**Secretary of State**

**Entity Name:** ADVANCED ESTHETICS CLINIC, INC.

**Current Principal Place of Business:**

991 A EAST OAKLAND PK BLVD  
FT LAUDERDALE, FL 33334

**New Principal Place of Business:**

991 A EAST OAKLAND PK BLVD  
FT LAUDERDALE, FL 33334 US

**Current Mailing Address:**

991 A EAST OAKLAND PK BLVD  
FT LAUDERDALE, FL 33334

**New Mailing Address:**

991 A EAST OAKLAND PK BLVD  
FT LAUDERDALE, FL 33334 US

**FEI Number:** 65-0616291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DA SILVA, OLYMPIO C  
432 SE 20TH ST  
APT #10  
FT LAUDERDALE, FL 333162843 US

**Name and Address of New Registered Agent:**

DA SILVA, OLYMPIO C  
991A EAST OAKLAND PK BLVD  
FT LAUDERDALE, FL 33334 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OLYMPIO C. DA SILVA

12/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DA SILVA, OLYMPIO C.L.  
Address: 3345 NE 32 ST  
City-St-Zip: FT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DA SILVA, OLYMPIO C  
Address: 991A EAST OAKLAND PK BLVD  
City-St-Zip: FT LAUDERDALE, FL 33334 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLYMPIO C. DA SILVA

P/D

12/20/2005

Electronic Signature of Signing Officer or Director

Date