

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000079266

1. Corporation Name

MESUA INTERNATIONAL COSMETIC LABORATORIES, INC.

Principal Place of Business

1900 BRICKELL AVE
MIAMI FL 33129
US

Mailing Address

1900 BRICKELL AVE
MIAMI FL 33129
US

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

10/18/1995 SP

5. FEI Number

65-0628886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SUAREZ-MENENDEZ, JORGE	1900 BRICKELL AVE	MIAMI FL 33129
			900003078189-3
			-12/22/99--01071--005
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT W
782 NW 42 AVE STE 541
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name: Jorge Suarez-Mendez
Street Address (P.O. Box Number is Not Acceptable): 1900 Brickell Avenue
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33129

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

12/06/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Suarez-Mendez 12/1/99 305-854-3666

REINSTATEMENT 99

FILED
99 DEC 13 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (6/99)