

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION  
REINSTATEMENT

00-01 UBR



FLORIDA DEPARTMENT OF STATE

Michelle Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -2 PM 5:59

DOCUMENT #P96000023740

1. Corporation Name  
FLORENCE GUNNARSON COSMETICS CORPORATION

2. Principal Office Address  
12220 ROCK GARDEN LN

3. Mailing Office Address  
12220 ROCK GARDEN LN

Suite, Apt. #, etc.

City & State  
PINECREST, FL

City & State  
PINECREST, FL

Zip  
33156-5732

Country  
MIAMI-DADE

Zip  
33156-5732

Country  
MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida 03/18/96

5. FEI Number  
65-0664171

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
MANRIQUE, LISA L.

Street Address (P.O. Box Number is Not Acceptable)  
12220 ROCK GARDEN LANE.

Suite, Apt. #, Etc.

City  
PINECREST

500004711795-2  
-12/06/01--01051--02  
\*\*\*\*300.00 \*\*\*\*300.00

State Zip Code  
FL 33156-5732

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 [Signature] Date 11/01/01  
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
P	MANRIQUE, LISA L.	12220 ROCK GARDEN LANE	PINECREST, FL 33156-5732

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: [Signature] LISA MANRIQUE 11/01/01 305-661-4647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

AD



November 1, 2001

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Florence Gunnarson Cosmetics Corporation #P96000023740

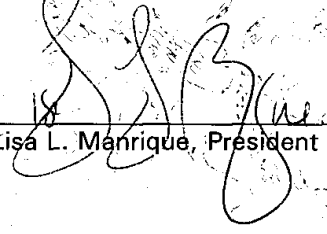
To: Whom It May Concern:

Enclosed please find the Corporation Reinstatement and a check in the amount of \$300 for the above referenced corporation. It is respectfully requested that the reinstatement fee of \$600 be waived for reasonable cause.

The renewal form was never received by the corporation because the mailing address was incorrect. The mailing address was a leased mail box service that went out of business. Consequently, through no fault of the corporation, the notice was not received and "out-of-sight, out-of-mind" prevailed.

Therefore, since the corporation did not intentionally disregard the notice and would have timely filed had the notice been received, it is once again requested that the \$600 penalty be waived.

Respectfully submitted,

  
\_\_\_\_\_  
Lisa L. Manrique, President