

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -2 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037005

1. Corporation Name

Beauty Max Corp.

2. Principal Office Address

3782 W. Oakland Park Blvd

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33311

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04-26-1996

5. FEI Number

65-0681322

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

Jason Park

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

3782 West Oakland Park Blvd

Suite, Apt. #, Etc.

City

Lauderdale Lakes, FL

State

FL

Zip Code

33311

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

Kyume Lee

REGISTERED AGENT MUST SIGN

Date Dec 17 03

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
PD	Jeong W Park	3782 W Oakland Park Blvd	Lauderdale Lakes FL 33311
STD	Wol S Park	3782 W Oakland Park Blvd	Lauderdale Lakes, FL 33311

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:

Kyume Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 17 03

Date

954-739-0709

Daytime Phone #

CR2E081 (10/02)

11/25/03

TO: Department of State
P.O. Box 6327
Tallahassee, FL 32314
RE: Beauty Max Corporation
DOCUMENT NO.: P96000037005
EIN #: 65-0681322

Dear Sir,

I am writing you this letter to ask you please waive the reinstatement fee of \$400.00 on my corporation. I recently purchased this business on February 1, 2003, and I was not aware that there was a uniform business report that has to be filed every year. I did not know what they even looked like, and I do not recall ever receiving a uniform business report for my company.

I would like to ask you please abate this fee. In the future, I will make sure to file my uniform business report on time. My business has truly been slow, and to pay this amount would be a burden to me. I would like to thank you for your cooperation on this matter.

Sincerely Yours,



Beauty Max Corporation

Mr. Jong K. Lee