

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000052537**

**1. Corporation Name**

FSK BEAUTY PRODUCTS, INC.

**2. Principal Office Address**

101 Riverfront Blvd.

Suite, Apt. #, etc.

Suite 700

City & State

Bradenton, FL

Zip

34205

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business In Florida**

06/19/1996

**5. FEI Number**

650678800

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-03**

500017232665

04/29/03--01019--023 \*\*1200.00

**7. Name and Address of Current Registered Agent**

Name

Robert F. Greene

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

1301 Sixth Avenue W

Suite, Apt. #, Etc.

Suite 400

City

Bradenton

State

FL

Zip Code

34205

**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

Date

4/24/03

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
PSTD	Fred Daughtry	101 Riverfront Blvd., Suite 700	Bradenton, FL 34205
VD	Deborah Watson	101 Riverfront Blvd., Suite 700	Bradenton, FL 34205

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/03

Daytime Phone #

941  
746-6811

CR2E081 (10/02)

91 4/30