PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV 21 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02 OBR

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

DOCUMENT # P96000082622

1. Corporation Name
Skin Care Center by Ivis.

2. Principal Office Address	3. Mailing Office Address
2100 W 76 Street	Same
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33016 Country: Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0761418 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ivis Pichardo

Street Address (P.O. Box Number is Not Acceptable): 2100 W 76 Street

000005147620
11/21/02--01046--003 **150.00

Suite, Apt. #, Etc.: 207

City: Miami State: FL Zip Code: 33016

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: ⊗ Ivis Pichardo Date:
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,S,T, D.	Ivis Pichardo	2100W76 St #207	Miami, Florida

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: ⊗ Ivis Pichardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Skin Care Center by Ivis
2100 West 76th Street #207
Miami, Florida 33016

November 14, 2002

Enclose please find the check for our Annual Report on talking to our accountant we realized that we had not received the report and therefore were not aware of the payment. Please accept this at this time.

If any further information is needed please call us.

Sincerely,

Ivis Pichardo

Ivis Pichardo
President