

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2006 OCT -5 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082622

1. Corporation Name

SKIN CARE CENTER BY IVIS, INC

2. Principal Office Address
16371 NW 67 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33014

Country
DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/07/1996

5. FFL Number
65-0699571

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
IVIS PICHARDO

Street Address (P.O. Box Number is Not Acceptable)
8252 NW 191 LN

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33015

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
REGISTERED AGENT MUST SIGN

Date 9-19-06

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	IVIS PICHARDO	8252 NW 191 LN	MIAMI, FL 33015

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 contained in Chapter 119, 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

9-19-06

Daytime Phone #