

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 AM 10:43

DOCUMENT # P97000007919

1. Corporation Name

U.S. BEAUTY GROUP, INC.

Principal Place of Business

Mailing Address

19506 BLACK OLIVE LANE
BOCA RATON FL 33498

19506 BLACK OLIVE LANE
BOCA RATON FL 33498



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1997

5. FEI Number

65-0729776

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RARES, SCOTT	19506 BLACK OLIVE LANE	BOCA RATON FL 33498

100003488611--8
-12/05/00--01010--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAUFMAN, ROBERT A
2699 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE (PRINTED)

Date

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #

AD

11-01-00 561-361-2311

CR2E040 (8/00)



4400 N. Federal Highway, Suite 8
Boca Raton, Florida 33431

Telephone 561-361-2311
Fax 561-361-2317

November 1, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: U.S. Beauty Group, Inc.
EIN: 65-0729773

Dear Sir or Madam:

I am writing for the above referenced taxpayer as the president and majority shareholder. We recently received back the annual report along with a notice of a late filing penalty in the amount of \$750.00, which has been assessed to reinstate the above to an active status.

In reviewing the correspondence it appears that this was a second notice from your office, indicating that the annual report was not filed as of this date. Please be advised that the prior receipt of this notice was not received along with any other correspondence or the original filing received last year.

Enclosed is the completed Uniform Business Report along with a check in the amount of \$150.00. Kindly waive the late fee due to the fact that the original report was not received and we have always complied in the past.

Should your require any additional information, please do not hesitate to contact us.

Sincerely,



Scott L. Rares

U.S. Beauty Group, Inc.

CC: Robert Kaufman, CPA