

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
at the line
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023645

1. Corporation Name

DERMASCRIBE INDUSTRIES, INC.

Principal Place of Business

4545 SUMMIT BLVD
WEST PALM BEACH FL 33415
US

Mailing Address

4545 SUMMIT BLVD
WEST PALM BEACH FL 33415
US



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

03/17/1997

5. FEI Number

65-0734668

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HAWKINS, JAMES	4545 SUMMIT BLVD 4545	WEST PALM BEACH FL 33415

500003032455--7
-11/02/99--01070--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HAWKINS, JAMES
6545 SUMMIT BLVD
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name HAWKINS JAMES

Street Address (P.O. Box Number is Not Acceptable)
4545 SUMMIT BLVD

Suite, Apt. #, Etc.

City WEST PALM BEACH

State FL

Zip Code 33415

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

James Hawkins

Date 10/14/99

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

James Hawkins

10/14/99 561 683 4134

KE

Please see enclosed note.

2

561-683 4134 DermaScribe Ind Inc.
R/E# 4545 Summit Blvd
PQ7000023645 West Palm Beach
FL 33415

Dear Sir / Madam,

Please find enclosed a
cheque for the original
filing fee, as this Notice
of dissolution is in error.
We filed our 1999 Corporation
annual report at least five
months ago, along with the
error change in the address.

Yours
S. Hawkins 