

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 NOV 20 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000050232**

1. Corporation Name

**INNER BEAUTY SKIN CARE, INC.**

Principal Place of Business

12 ADMIRALS COURT  
PALM BEACH GARDENS FL 33418

Mailing Address

12 ADMIRALS COURT  
PALM BEACH GARDENS FL 33418

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

2. New Principal Office Address, If Applicable

**7100-39 Fairway Drive**  
Suite, Apt. #, etc. **218C**

3. New Mailing Office Address, If Applicable

**7100-39 Fairway Drive**  
Suite, Apt. #, etc. **218C**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/06/1997**

5. FEI Number

**65-0761844**

Applied For

Not Applicable

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>ADDONA, MARIBETH</del>	<del>12 ADMIRALS COURT</del>	<del>PALM BEACH GARDENS FL 33418</del>
P/O	ADDONA, MARIBETH	7100-39 Fairway Drive 218C	Palm Beach Gardens, FL 33418

**REINSTATEMENT**

**95 B 11/24/98**

**7000002700240--1**

**-12702798--01006--011**

**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

~~ADDONA, MARIBETH~~  
12 ADMIRALS COURT  
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name **Maribeth Addona**  
Street Address (P.O. Box Number is Not Acceptable)  
**7100-39 Fairway Drive**  
Suite, Apt. #, Etc. **218C**  
City **Palm Beach Gardens** State **FL** Zip Code **33418**

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

**Maribeth Addona**  
**REGISTERED AGENT MUST SIGN**

Date **11/16/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: **Sandra B. Mortham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/98**  
Date Daytime Phone # **561-776-5798**

CR2E040 (9/98)