

**2006 FOR PROFIT CORPORATION**02-15-2006 90050 031 \*\*\*150.00  
P98000016544**FILED**

06 NOV -6 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT # P98000016544**1. Entity Name  
**AMARIS' AESTHETICS, INC.**Principal Place of Business  
2299 9TH AVE N, SUITE 2C  
ST PETERSBURG, FL 33713Mailing Address  
2299 9TH AVE N, SUITE 2C  
ST PETERSBURG, FL 33713**DO NOT WRITE IN THIS SPACE****REINSTATEMENT** (05)4. FEI Number  
59-3500089Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**CENTOFANTI, AMARIS  
2299 9TH AVE N, SUITE 2C  
ST PETERSBURG, FL 33713**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Amaris Centofanti*

(NOTE: Registered Agent signature required when reinstating)

DATE

x 2-1-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**TITLE  
NAME  
D  
CENTOFANTI, AMARIS  
STREET ADDRESS  
2299 9TH AVE N, SUITE 2C  
CITY - ST - ZIP  
ST PETERSBURG, FL 33713TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
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CITY - ST - ZIPTITLE  
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CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Amaris Centofanti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/06