

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

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

FILED

01 NOV -5 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000026460**

1. Corporation Name

**CLAUDIA'S SKIN & NAIL CLINIC, INC.**

Principal Place of Business

Mailing Address

2801 SW 3 AVE  
MIAMI FL 33129

2801 SW 3 AVE  
MIAMI FL 33129

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0825131

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CROUSILLAT, MARY	2801 SW 3 AVE	MIAMI FL 33129
			100004698351--5 -11/29/01-01050-011 ****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROUSILLAT, MARY  
2801 SW 3 AVE  
MIAMI FL 33129

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

*Mary P. Crousillat*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/26/01

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:

*Mary P. Crousillat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01  
Date

(305) 285-7207  
Daytime Phone #

CR2040 (B01)

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Miami, October 26, 2001

Ref: Application for Reinstatement

To Whom It May Concern

As per our telephone conversation of last week with one of your employees, I am hereby enclosing the following:

- 1- Application for reinstatement
- 2- Check # 1276 in the amount of \$ 150.00 to cover my Annual Corp. fee for the year 2001

As I had explained via our telephone conversation to your employee, I was out of the country for a period of 5 months due to a fatal illness that one of my family member was affected with, the responsibility of caring for this family member rested upon my shoulder and during that 5 month interim I unfortunately inadvertently disregarded many of my Corp. responsibilities.

I am back in full swing of my Corp. duties and I supplicate that your honorable institution pardons my tardiness in making my annual Corp. fee payment. Reiterating my gratefulness in your cooperation and understanding regarding the waiving of the reinstatement fee, I remain forever more thankful for your diligence regarding the aforementioned matter.

Respectfully yours,



Mary Crpusillat  
Claudia'S Skin and Nails Clinic  
FET # 65- 0825131