

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **CR**
REINSTATEMENT



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

DOCUMENT # **P980000 35154**

1. Corporation Name

**Bare Essentials Image Enhancement
Clinic, Inc.**

Principal Place of Business

Mailing Address

**4785 North 9th Avenue
PENSACOLA FL 32503**

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

4-17-98 SP

5. FEI Number

59-3509467

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 | Jeffery Cox | 4785 N. 9th Avenue | PENSACOLA FL 32503 |
| STD | Jeffery Cox | 4785 N. 9th Avenue | PENSACOLA FL 32503 |
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***750.00 ***750.00

8. Name and Address of Current Registered Agent

**Jeffery Cox
4785 N. 9th Avenue
PENSACOLA FL 32503**

9. Name and Address of New Registered Agent

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

X

Jeffery Cox

REGISTERED AGENT MUST SIGN

Date

X 11-2-99

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: **X**

Jeffery Cox

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

11-2-99

Daytime Phone #

REINSTATEMENT **99**

FILED

99 NOV -9 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA