

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000035154

1. Corporation Name

BARE ESSENTIALS IMAGE ENHANCEMENT CLINIC, INC.

Principal Place of Business

Mailing Address

4785 NORTH 9TH AVENUE  
PENSACOLA FL 32503

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  
1450 BERRYHILL ROAD

Suite, Apt. #, etc.

City & State  
MILTON, FL

Zip  
32570

Country  
SANTA ROSA

3. New Mailing Office Address, If Applicable  
P.O. BOX 3468

Suite, Apt. #, etc.

City & State  
MILTON, FL

Zip  
32572

Country  
SANTA ROSA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1998

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	COX, JEFFREY	4785 NORTH 9TH AVENUE	PENSACOLA FL 32503
			800004512628--3 08/02/01-01038-012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

COX, JEFFREY M  
4785 NORTH 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

X 7.17.01

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Cox

X

7.17.01

Date

X

(250) 474-0100

Daytime Phone #

CR2ED40 (8/00)