

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000047157**

1. Corporation Name

Dermatology Systems, Inc.

2. Principal Office Address

222 Lakeview Avenue

3. Mailing Office Address

222 Lakeview Avenue

Suite, Apt. #, etc.

PMB 113

Suite, Apt. #, etc.

PMB 1134

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0844181

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

1999-2001 UBR

7. Name and Address of Current Registered Agent

Name

Donald F. Mintmire

Street Address (P.O. Box Number is Not Acceptable)

265 Sunrise Avenue

Suite, Apt. #, Etc.

Suite 204

City

Palm Beach, FL 33480

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald F. Mintmire

Date

6/19/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pierre Haouzi	222 Lakeview Avenue PMB 113	Palm Beach, FL 33480
TSD	Ricardo L. Norat	222 Lakeview Avenue PMB 113	Palm Beach, FL 33480

10. 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:

P. Haouzi, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/19/01 561-832-5696

Daytime Phone #