

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050408

Entity Name: SKIN RX CLINIC CORP.

FILED  
Nov 01, 2005  
Secretary of State

**Current Principal Place of Business:**

7186 COPPERFIELD CIR  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

133 AVILA WAY  
JUPITER, FL 33458 US

**Current Mailing Address:**

7186 COPPERFIELD CIR  
LAKE WORTH, FL 33467

**New Mailing Address:**

133 AVILA WAY  
JUPITER, FL 33458

FEI Number: 06-0422471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOGAN, JULIE  
7186 COPPERFIELD CIR.  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

HOGAN, ROBERT J  
133 AVILA WAY  
JUPITER, FL 33458 US

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.

SIGNATURE: ROBERT J HOGAN

11/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOGAN, JULIE  
Address: 5500 MILITARY TRL.  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOGAN, ROBERT J  
Address: 133 AVILA WAY  
City-St-Zip: JUPITER, FL 33458

Title: S ( ) Change (X) Addition  
Name: HOGAN, JULIE E  
Address: 5500 MILITARY TRAIL SUITE 22 #179  
City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J HOGAN

P

11/01/2005

Electronic Signature of Signing Officer or Director

Date