PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 27 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000062444**

1. Corporation Name

NEW FASHION AESTHETIC CARE, INC.

Principal Place of Business	Mailing Address
6751 SUNSET STRIP SUITE 137 SUNRISE FL 33313	318 INDIAN TRACE SUITE 137 WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 6751 Sunset Strip.	Suite, Apt. #, etc. 6751 Sunset Strip.
City & State Sunrise, Florida	City & State Sunrise. Florida
Zip 33313 Country Broward	Zip 33313 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida: 07/15/1998

5. FEI Number: 65-0843863 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	WESTEBURGER, ZABDY R DR	672 VERONA PLACE	WESTON FL 33326
CV	WESTERBURGER, DERWIN	672 VERONA PLACE	WESTON FL 33326
SM	FUNDORA, WILFREDO	16140 SW 6 ST	PEMBROKE PINES FL 33027

LS

600003089676--9
-01/06/00--01002--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WESTERBURGER, DERWIN
672 VERONA PL
WESTON FL 33326

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: SIGNATURE REQUIRED Date: 12/23/99
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED DERWIN WESTERBURGER 12/23/99 954-578-0200 305-226-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #