

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000070114

1. Corporation Name

AVENTURA ELECTROLYSIS & SKIN CARE CENTER, Inc.

2. Principal Office Address

20335 BISCAYNE BLVD.

Suite, Apt. #, etc.

L-35

City & State

N. MIAMI BEACH, FL

Zip

33180

Country

USA

3. Mailing Office Address

19901 N.E. 22ND COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-7-98

5. FEI Number

65-0863892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

99-01UBK

7. Name and Address of Current Registered Agent

Name

GARY KORNICK, ESQ.

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

20801 BISCAYNE BLVD.,

Suite, Apt. #, Etc.

#505

City

AVENTURA

State
FL

Zip Code
33180

000004534610-310
-08/14/01--01085--029
****450.00 ****450.00

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

Gary H. Kornick

REGISTERED AGENT MUST SIGN

Date

6/18/01

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/D	JUDY KORNICK	19901 N.E. 22ND COURT	N. MIAMI BEACH, FL 33180

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:

Judith Kornick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01

Date

Daytime Phone #

CR2E081 (9/00)

GERSTLE, ROSEN & ASSOCIATES, P.A.

Certified Public Accountants

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Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

May 17, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

re: Aventura Electrolysis & Skin Care
EIN 65-0863892

Gentlemen,

As per a conversation with the Department of State and the above mentioned taxpayer, enclosed please find the Corporation Reinstatement form and a check in the amount of \$450.00. Again, we would appreciate you correcting your records to show the correct address as being :

19901 N.E. 22nd Court
Miami, FL 33180

The original "Annual Report" would have been timely filed had the taxpayer received the report to be filed.

Thank you for your cooperation in this matter.

Yours truly,
Gerstle, Rosen & Associates, PA


Brian K. Goldenberg, Principal

enclosures

One Turnberry Place
19495 Biscayne Boulevard
Suite 705
Aventura, Florida 33180
Dade (305) 937-0116
Broward (954) 389-1616
Boca Raton (561) 347-8917
Palm Beach (561) 687-2192

Compson Financial Center
980 North Federal Highway
Suite 205
Boca Raton, Florida 33432
Phone (561) 447-4000
Fax (561) 447-4004

5100 Tamiami Trail North
Suite 103
Naples, Florida 34103
Phone: (941) 262-1773
Fax: (941) 263-0166