


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

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DOCUMENT # P980000079696
1. Corporation Name
BEAUTY
AMERICA, INC

SECRETARY OF STATE
800065190628
02/06/06--01010--011 **150.00

800065190628
02/06/06--01010--012 **750.00

2. Principal Office Address 755 NW 72 AVE Suite, Apt. #, etc. SUITE 26 City & State MIAMI FL Zip 33126 Country USA		3. Mailing Office Address 755 NW 72 AVE Suite, Apt. #, etc. SUITE 26 City & State MIAMI FL Zip 33126 Country USA	
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CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	09/15/98
5. FEI Number	650866020
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	JOSE LOIS BONNEGO
Street Address (P.O. Box Number is Not Acceptable)	755 NW 72 AVE
Suite, Apt. #, Etc.	SUITE 26
City	MIAMI
State	FL
Zip Code	33126

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

Jose L. Bonnego

Date 01/13/06

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	JOSE LOIS BONNEGO	755 NW 72 AVE SUITE 26	MIAMI FL 33126

REINSTATEMENT

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:

Jose L. Bonnego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/13/06

Daytime Phone #

MW

BEAUTY AMERICA,
INC
755 NW 72 Ave Miami, FL 33126

01/13/06

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 2001 and neither the Note of Dissolution, because on the first months of year 2001 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also we move our office to a new address and the Post Office never did the delivery of the form, and by the same reason the Annual Report for the following years 01, 02, 03, 04, 05 were not received. I will appreciate very much if you accept our check in the amount of \$ 750 as payment of the Corporation Uniform Business Report for year: 01, 02, 03, 04, 05.

I thank you for your cooperation to resolve this matter.

Sincerely your:

Jose Luis
DANECO
Jose L B.