

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 NOV -2 AM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081518

1. Corporation Name

Dermo Aesthetics U.S.A. Inc
780 S.W. 11 th street
Miami Florida 33129

2. Principal Office Address - No P.O. Box #

3440 S.W. 16th Terrace

Suite, Apt. #, etc.

City & State

Miami Fl 33145

Zip

33145

Country

USA

3. Mailing Office Address

3440 S.W. 16 Terrace

Suite, Apt. #, etc.

City & State

Miami Fl. 33145

Zip

33145

Country

USA

7. Name and Address of Current Registered Agent

Name

Zita Raquel Zambrano

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

3440 S.W. 16 Terrace

Suite, Apt. #, Etc.

City

Miami Florida

State

FL

Zip Code

33145

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

5. FEI Number

65-0869252

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

[Signature]

Date 10-31-2007

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/Vp	Zita Raquel Zambrano	3440 S.W. 16 Terrace	Miami Fl. 33145

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11/07/07--01042--010 **300.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2007

Date

305-854-9856

Daytime Phone #

11/2007