

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081547

1. Corporation Name

EXotic Tattoos Inc.

2. Principal Office Address

6864 N.W. 169 St.

Suite, Apt. #, etc.

City & State

miami FL

Zip

33015

Country

U.S.

3. Mailing Office Address

6864 N.W. 169 St.

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33015

Country

U.S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/98

5. FEI Number

650865369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guillermo Balmaceda

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

6864 N.W. 169 St.

Suite, Apt. #, Etc.

City

miami, FL 33015

State

FL

Zip Code

33015

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

Guillermo Balmaceda
REGISTERED AGENT MUST SIGN

Date 4-20-05

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	Guillermo Balmaceda	6840 N.W. 179 St. #108	miam, FL 33015

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:

Guillermo Balmaceda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Balmaceda

4-20-05

Date

305-698-0731

Daytime Phone #

CR2E081 (01/05)