

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000090840

1. Corporation Name

Centers for Cosmetic Surgery, Inc.

2. Principal Office Address

1911 N. Mills Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

Orange

3. Mailing Office Address

1911 N. Mills Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

Orange

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

10-14-98

SP

5. FEI Number

59-3541422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Michelle Mathey

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

1911 N. Mills Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

100003182751-6

-03/29/00--01006--014

***900.00 ***900.00

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

X *Thomas R. Whatley*

REGISTERED AGENT MUST SIGN

Date 3/6/00

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
D	Thomas R. Whatley	1911 N. Mills Avenue	Orlando, FL 32803
D	G. Brock Magruder, Sr.	1911 N. Mills Avenue	Orlando, FL 32803

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:

Thomas R. Whatley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

407-599-5922

Daytime Phone #

CR2E081 (9/99)