

03-05-2001 16:18

P. 04

**CORPORATION
REINSTATEMENT**

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAR -5 PM 5:46

DOCUMENT # P98000102315

1. Corporation Name

BIOCOSMETIK, INC.

2. Principal Office Address

3801 INDIAN CREEK DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

Zip
33140Country
U.S.

Zip

Country

REINSTATEMENT4. Date Incorporated or Qualified
To Do Business in Florida 12/09/98

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SEE INSTRUCTIONS FOR REQUEST
FOR A CERTIFICATE OF STATUS**7. Name and Address of Current Registered Agent**

Name

LAUREN H. WEBER, ESQ.

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

3801 INDIAN CREEK DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH, FLORIDA 33140

State
FLZip Code
33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Lauren H. Weber
 REGISTERED AGENT MUST SIGN

Date 03/01/01

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	LUIGI PALMA	3801 INDIAN CREEK DRIVE	MIAMI BEACH, FLORIDA 33140

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)(b), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Luigi Palma

LUIGI PALMA

03/01/01

OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

CORPORATION REINSTATEMENT

BIOCOSMETIK, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75