

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 AUG -9 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000106313

**1. Corporation Name**

Artistic Aesthetics, Inc.

**2. Principal Office Address**

3589 South Ocean Blvd.

Suite, Apt. #, etc.

401

City & State

South Palm Beach, FL

Zip

33480

Country

USA

**3. Mailing Office Address**

3589 South Ocean Blvd.

Suite, Apt. #, etc.

401

City & State

South Palm Beach, FL

Zip

33480

Country

USA

600007075176--7  
-08/13/02--01041--005  
\*\*\*\*\*450.00 \*\*\*\*\*450.00

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1998

**5. FEI Number**  
65-0886257

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

Kim Gasser

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

3589 South Ocean Blvd.

Suite, Apt. #, Etc.

#104

City

South Palm Beach

State  
FL

Zip Code  
33480

**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

*Kim Gasser*

(REGISTERED AGENT MUST SIGN)

Date

8/6/02

**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
PDDCN	Kim Gasser	3589 South Ocean Blvd. #401	South Palm Beach, FL 33480

**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:**

*Kim Gasser*

Kim Gasser

561-716-1398

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E081 (9/01)

8/9/02