

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000020653**

1. Corporation Name

**KUWA-SKIN CARE, INC.**

Principal Place of Business

**4895 WINDWARD PASSAGE DR  
SUITE 6  
BOYNTON BEACH FL 33426**

Mailing Address

**4895 WINDWARD PASSAGE DR  
SUITE 6  
BOYNTON BEACH FL 33426**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
03 OCT 28 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 03  
800024199608  
10/22/03 01039 022 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1999

5. FEI Number

**65-0901026**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VACANTI, RHONDA J	4895 WINDWARD PASSAGE DR STE 6	BOYNTON BEACH FL 33436

8. Name and Address of Current Registered Agent

**VACANTI, RHONDA J  
5831 AMETHYST COURT  
BOYNTON BEACH FL 33437**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Rhonda Vacanti*

REGISTERED AGENT MUST SIGN

Date

*10/22/03*

11. 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:

*Rhonda Vacanti* Rhonda Vacanti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/22/03*

CR2E040 (7/03)