PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 14 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043009

1. Corporation Name

PERSONAL CARE LABORATORIES, INC.

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
2260 NW 102 Place	2260 NW 102 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/6/99

5. FEI Number: [X] 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: MARY SHIE

Street Address (P.O. Box Number is Not Acceptable): 2260 NW 102 Place

000032467900
04/12/04--01062--001 **600.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33172

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: MaryShie Date: 04/01/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
VP	MARY SHIE	2260 NW 102 Place	MIAMI, FL 33172

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: MaryShie MARY SHIE 04/01/04 305-775-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PERSONAL CARE LABORATORIES, INC.

2260 NORTHWEST 102 PLACE
MIAMI, FL 33172

Florida Department of State - Division Of Corporations
Corporate Reinstatement Department
Re: Document # P99000043009

April 1, 2004

To Whom It May Concern,

I am writing this letter in order to reinstate my corporation. The reason for dissolution was due to the fact that we never received the annual reports. As per my conversation with one of your representatives, I am enclosing a check for $600.00 as the total reinstatement fee. I am also enclosing an additional $8.75 for a certificate of status. Please process my request as soon as possible. Thank you.

Sincerely,

Mary Shie
Vice-President