

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047675

1. Corporation Name

IK SKIN COULD TALK, INC.

000024376480
11/03/03--01036--016 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

15310 E. LOCH ISLE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

780 N.W. 42 AVENUE

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI LAKES, FL

City & State

MIAMI, FLORIDA

Zip

33014

Country

USA

Zip

33126

Country

USA

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

5. FEI Number

65-0955226

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

ANTONIO VARGAS

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

780 N.W. 42 AVENUE

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State

FL

Zip Code

33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/29/03

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
SVD	DELUCCA, JONDA	780 NW 42 AVE, SUITE 516	MIAMI, FL 33126
PTD	CLANCY, NATALIE	780 NW 42 AVE. SUITE 516	MIAMI, FL 33126

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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individual's 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03 305 443-7122

Daytime Phone #

CR2E081 (10/02)