

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**01 APR -2 AM 11:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P99000057896  
**1. Corporation Name** FEMME BEAUTY PRODUCTS, INC.  
9700 COLLINS AVENUE #229  
BAL HARBOUR, FL 33154

**2. Principal Office Address** 9700 COLLINS AVENUE #229  
**3. Mailing Office Address** 9700 COLLINS AVENUE #229

**Suite, Apt. #, etc.**  
**City & State** BAL HARBOUR, FLORIDA  
**Zip** 33154  
**Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 6/25/1999  
**5. FEI Number** ☒ 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** GABRIEL REBOH  
**Street Address (P.O. Box Number is Not Acceptable)** 9700 COLLINS AVENUE  
**Suite, Apt. #, Etc.** 229  
**City** BAL HARBOUR

**000003993210**  
**-04/12/01--01010--008**  
**\*\*\*\*900.00 \*\*\*\*900.00**  
**REINSTATEMENT 00-01**  
**State** FL  
**Zip Code** 33154

**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**   
**REGISTERED AGENT MUST SIGN**  
**Date** March 26 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/D	GABRIEL REBOH	2141 NE 205 STREET	N. MIAMI BEACH, FL 33179
V/D	RAPHAEL REBOH	3625 N COUNRTY CLUB DR #1005	AVENTURA, FL 33180
T/D	MARCEL REBOH	10275 COLLINS AVENUE #1220-S	MIAMI, FL 33154
S/D	DANIEL REBOH	10275 COLLINS AVENUE #1220-S	MIAMI, FL 33154
D	FLORY BORDEN	10275 COLLINS AVENUE #1417	MIAMI, FL 33154

**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**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Date** March 26 01  
**Daytime Phone #** 305.864.4400