

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057896

1. Corporation Name

FEMME BEAUTY PRODUCTS, INC.

900009149799
11/21/02--01062--016 **758.75

REINSTATEMENT 02

2. Principal Office Address

432 Plaza Real

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

3. Mailing Office Address

432 Plaza Real

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

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

4/2/01

5. FEI Number

65-1095457

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

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 NOV 14 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
PD	Gabriel Reboh	9380 Bay Drive	Surfside, FL 33154
VD	Raphael Reboh	3194 NE 211 Street	Aventura, FL 33180
TD	Marcel Reboh	290 Bal Bay Drive #305	Bal Harbour, FL 33154
SD	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

Gabriel Reboh NOV 14, 02 561 955-1212

Date

Daytime Phone #

CR2E081 (9/01)

gs 11/25