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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 PM 2:56

REINSTATEMENT 05-06

CR2E081 (12/05)

DOCUMENT # P99000068195

1. Corporation Name
Facial Fitness Systems, Inc.

2. Principal Office Address 5450 S.W. 192nd Terrace		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Southwest Ranches, FL		City & State	
Zip 33332	Country Broward	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **August 2, 1999**

5. FEI Number **65-0937958** 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

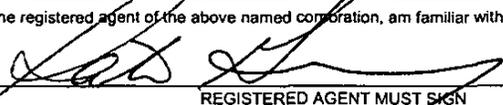
Name **Patricia L. Goroway**

Street Address (P.O. Box Number is Not Acceptable) **5450 S.W. 192 Terrace**

Suite, Apt. #, Etc.

City **Southwest Ranches** State **FL** Zip Code **33332**

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  Date **6/14/06**

REGISTERED AGENT MUST SIGN

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	Goroway, Patricia L.	5450 S.W. 192nd Terrace	Southwest Ranches, FL 33332

400076429904
06/21/06--01017--022 **300.00

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 contained in Chapter 119, 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:  Date **6/14/06** 954-614-5645 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER
1535 NORTHPARK DRIVE - SUITE 101
WESTON, FLORIDA 33326

MEMBERS:
AMERICAN INSTITUTE OF C.P.A.'s
FLORIDA INSTITUTE OF C.P.A.'s

PHONE: (954) 385-3332
FAX: (954) 385-6464

June 14, 2006

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Facial Fitness Systems, Inc.
Document No: P99000068195

To Whom It May Concern:

Please find enclosed a Uniform Business Report along with a check in the amount of \$300.00 for the above referenced corporation.

Please be advised that this company had changed their mailing address during 2004, therefore, the company never received their original Uniform Business Report and did not file timely. We respectfully request that the penalty not be assessed since this is the first time that this taxpayer had to file this report and did not receive this information from their Registered Agent.

Thank you in advance for your consideration in this matter. Please feel free to contact us if you need additional information.

Sincerely,
Sadoff, Raskin & Associates, P.A.



Fred R. Sadoff
Certified Public Accountant