


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P99000010562</b>					
1. Corporation Name <b>Gerards Skin Care, Inc.</b>					
2. Principal Office Address <b>4044 W. LAKE MARY BLVD</b>			3. Mailing Office Address		
Suite, Apt. #, etc. <b>#104 PMB #213</b>			Suite, Apt. #, etc. <b>SAME</b>		
City & State <b>LAKE MARY FL</b>			City & State		
Zip <b>32746</b>	Country <b>USA U.S.</b>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <b>8/2/99</b>	
5. FEI Number <b>59-3594082</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

FILED  
01 SEP 12 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name <b>KATHRYNE OLSEN</b>	000004603300-7 -09/20/01--01078--019 ****300.00 ****300.00
Street Address (P.O. Box Number is Not Acceptable) <b>4044 W. LAKE MARY BLVD</b>	
Suite, Apt. #, Etc. <b>#104 PMB #213</b>	
City <b>LAKE MARY FL</b>	State <b>FL</b>
	Zip Code <b>32746</b>

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: **Kathryne Olsen** Date: **8/27/01**

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
D	Kathryne Olsen	4044 W. LAKE MARY BLVD #104 PMB #213 LAKE MARY FL 32746	LAKE MARY FL 32746
D	Gerard A. Nicholson	963 HELMSLEY CT #107	LAKE MARY FL 32746

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: **Kathryne Olsen** Date: **8/27/01** Daytime Phone #: **407.718.2994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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August 30, '01

Kathryne Olsen  
GERARDS SKIN CARE INC  
4044 W. Lake Mary Blvd.  
#104 PMB#213  
Lake Mary, FL 32746  
407-718-2994  
FEI NUMBER: 59-3594082

To Whom It May Concern:

I am requesting that you waive the late fees to make my corporation current. I never received renewal notices and I understand that you have a record of non delivery of my renewal notice. Enclosed you will find a check for \$300.00. If any questions or problems with this please call me at 407-718-2994. My accountants name is James Wheeler and his phone number is 407-628-0648. Please expedite this as fast as you can and thank you in advance for your quick response to this matter.

Regards,

*Kathryne Olsen*  
Kathryne Olsen