PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

[redacted]

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

FILED
02 NOV 13 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008972695
11/13/02--01069--023 **150.00

DOCUMENT # P99000070502

1. Corporation Name

GERARDS SKIN CARE, INC.

Principal Place of Business	Mailing Address
4044 W. LAKE MARY BLVD. #104 PMB #213 LAKE MARY FL 32746	4044 W. LAKE MARY BLVD. #104 PMB #213 LAKE MARY FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2002 UBR

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/1999

5. FEI Number: 59-3594082 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OLSEN, KATHRYNE	4044 W. LAKE MARY BLVD.	LAKE MARY FL 32746
~~D~~	~~NICHOLSON, GERARD A~~	~~963 HELMSLEY COURT #107~~	~~LAKE MARY FL 32746~~

8. Name and Address of Current Registered Agent

OLSEN, KATHRYNE
4044 W. LAKE MARY BLVD.
#104 PMB #213
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: X Kathryne Olsen SIGNATURE REQUIRED — Date: 11/5/02

REGISTERED AGENT MUST SIGN

11. 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: SIGN X KATHRYNE OLSEN HERE Kathryne Olsen — 11/5/02 — 407-718-2944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11.5.02

To Whom This may Concern -

I called your office and after explaining the situation, I was told to send a letter of explanation along with 150.00 for a possible waiver.

I receive my mail at Mailboxes Etc in Lake Mary and I just got this notice and the only one I did receive because it was put in the wrong box and the person who did get it was good enough to give it back to Mailboxes Etc so it could be put in the correct box. I have explained the situation to the owner and he assures me it will not happen again.

So I am enclosing a check for $150.00 and hope that the late fees can be waived.

Sincerely,
Kathryn Olsen
407.718.2994

4044 W. LAKE MARY BLVD
PMB 213
LAKE MARY FL 32746