

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1992

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Holt
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -9 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075079

1. Corporation Name

PAMELA'S SKINCARE OF MIAMI CORP

Principal Place of Business

Mailing Address

9140 FONTAINEBLEAU BOULEVARD
SUITE 401
MIAMI FL 33172

9140 FONTAINEBLEAU BOULEVARD
SUITE 401
MIAMI FL 33172

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0943550

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	VICKNAIR, PAMELA D	9140 FONTAINEBLEAU BLVD., SUITE	MIAMI FL 33172

700003496797--9
-12/12/00--01039--005
****150.00 ****150.00

Handwritten initials/signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VICKNAIR, PAMELA D
9140 FONTAINEBLEAU BOULEVARD
SUITE 401
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

Handwritten signature of Pamela Vicknair

Date

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:

Handwritten signature of Pamela Vicknair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

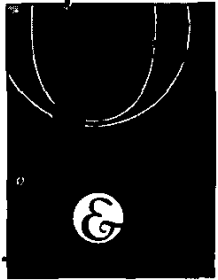
10-16-00

Date

Daytime Phone #

CR2E040 (8/00)

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**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

October 27, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Pamela's Skincare of Miami Corp.
FEI# 65-0943550

Our client above has contacted us regarding the dissolution of their company. The client sent in their 2000 Uniform Business Report on March 22, 2000 with their check #310 in the amount of \$150.00. Apparently the post office lost both the form and the check.

Attached please find a newly reissued check for the \$150.00 filing fee along with an application for reinstatement. Please accept the check enclosed and reinstate the above-mentioned client without penalty.

If you have any questions please do not hesitate to contact us. Thank you.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Raymond J. Zomerfeld, C.P.A.
For the firm

RJZ/an

Encl.

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