

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
Division of Corporations

FILED

02 FEB 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02 UBR

DOCUMENT #

PA99000087539
Amu's Skin & Body Care Inc.

1. Corporation Name

2. Principal Office Address

1937 W. Pine Island Rd
Suite, Apt. #, etc.

3. Mailing Office Address

4400 Queen Palm Lane
Suite, Apt. #, etc.

City & State

Plantation Florida

City & State

TAMARAC FLORIDA

Zip

33322

Country

Broward

Zip

33319

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-99

5. FEI Number

65-0961670

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

Amy K. Deuding

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

4400 Queen Palm Lane

Suite, Apt. #, Etc.

City

TAMARAC

990005257235-4
State FL 02-01048-028
8309.75 ****808.75

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

Amy K. Deuding

REGISTERED AGENT MUST SIGN

Date 2-26-02

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
Owner	Amy K Deuding	4400 Queen Palm Lane	TAMARAC FL 33319

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:

Amy K Deuding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 682-1704

Date

Daytime Phone #

CR2E081 (9/01)

Division of Corporation
P.O. Box 6327
Tallahassee FL 32314

202

February 11, 2002

Dear Sirs,

I had recently requested a business reinstatement application due to a serious mix up with the mail. I am writing you today to explain this upsetting ordeal. I had not realized my corporation needed to be reinstated until I tried to open my business account at a different branch. My address is 4400 Queen Palm lane Tamarac Florida 33319. I moved, But unfortunately the State of Florida was unaware of this switch, I can guarantee you this was an honest mistake and very upsetting to me when I found out.

I am enclosing the 2 years of fees of 2001 and 2002, with along the reinstatement application that I requested on February 1, 2001.

In future cases I promise I will always make sure that the State of Florida will be the FIRST to contact in any changes.

Thank You for your time and understanding

Sincerely,

Amy K Druding

Amy K Druding
owner