

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR -9 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33019**

1. Corporation Name
AESTHETIXX, INC.

Principal Place of Business
**670 N. ORLANDO AVE.
STE. 1001
MAITLAND FL 32751**

Mailing Address
**670 N. ORLANDO AVE.
STE. 1001
MAITLAND FL 32751**

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

04/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3131392

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RSD	BROOKS, ANGELA	670 N. ORLANDO AVENUE, STE. 1001	MAITLAND FL
<i>e/s/r/d</i>	DALY, PATRICK	670 N. ORLANDO AVENUE, STE. 1001	MAITLAND FL 32751
I	GOURTEMANCHE MARIE	670 N. ORLANDO AVE #1001	MAITLAND FL
			000002456610--1 -03/13/98--01060--013 ****750.00 ****750.00
			000002456610--1 -03/13/98--01060--014 ****150.00 ****150.00

REINSTATEMENT

97-98

4 3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROOKS, ANGELA
670 N ORLANDO AVE.
STE. 1001
MAITLAND FL 32751**

Name

PATRICK DALY

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

670 N. ORLANDO AVE

Suite, Apt. #, Etc.

SUITE 1001

City

MAITLAND

State

FL

Zip Code

32751

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

Patrick A. Daly

REGISTERED AGENT MUST SIGN

Date

1-22-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Patrick A. Daly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick A. Daly

1-22-98

Date

Daytime Phone #

CR32040 (8/97)