

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

97 NOV -4 PM 12: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V46645

1. Corporation Name

COSMETIC SOLUTIONS, INC

Principal Place of Business

Mailing Address

1181 S ROGERS CIR.  
SUITE 15  
BOCA RATON FL 33487  
US

1181 S ROGERS CIR.  
SUITE 15  
BOCA RATON FL 33487  
US

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

06/23/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0345555

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
P	BECKER, MERVYN	1181 S ROGERS CIR. STE 15	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKER, MERVYN  
1181 S ROGERS CIR.  
SUITE 15  
BOCA RATON FL 33487

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

10/28/97

36/ 995-2355

CR2E040 (8/97)

(2)

Cosmetic Solutions  
1181 S. Rogers Circle  
Suite 15  
Boca Raton, FL 33487

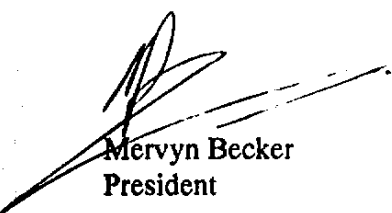
28 October, 1997

Florida Department of State  
Division of Corporations  
Annual Report Reinstatements Section  
P.O. Box 6327  
Tallahassee  
FL 32314-6327

Dear Sir/Madam,

Please find enclosed a check in the amount of \$165. We did not receive any notification prior to this reinstatement form as we have been sharing offices with another company who moved premises and there was a misunderstanding with the mail and our mail was not forwarded to us by the other company until recently. Hoping this confusion will settle this matter for your review board.

Yours sincerely



Mervyn Becker  
President