

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

99 FEB 12 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46645

1. Corporation Name

COSMETIC SOLUTIONS, INC

Principal Place of Business

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

Mailing Address

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

10034 SPANISH ISLES BLVD
SUITE C8
BOCA RATON FL
33498

3. New Mailing Office Address, If Applicable

10034 SPANISH ISLES BLVD
SUITE C8
BOCA RATON FL
33498



REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1992

5. FEI Number

65-0345555

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BECKER, MERVYN	1181 S ROGERS CIR. STE 15 10034 SPANISH ISLES BLVD, STE C8	BOCA RATON FL 33487 BOCA RATON FL 33498

600002777526--5
-02/17/99--01016--007
*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name **BECKER, MERVYN**
Street Address (P.O. Box Number is Not Acceptable)
10034 SPANISH ISLES BLVD.
Suite, Apt. #, Etc.
SUITE C8
City
BOCA RATON

State
FL

Zip Code
33498

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

REGISTERED AGENT MUST SIGN

Date

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:

MERVYN BECKER
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

56-883-0540
Daytime Phone #

CR2E040 (9/98)