

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
01 JAN -5 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P98000010515**

1. Corporation Name

Continental Cosmetics, Inc.

2. Principal Office Address

7494 N.W. 54th Street  
Miami, FL 33166

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

7494 N.W. 54th Street  
Miami, FL 33166

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

01/30/1998

5. FEI Number

65-0817194

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

Michel Farah

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

7494 N.W. 54th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/02/01

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
PD	Michel Farah	7494 N.W. 54th Street	Miami, Florida 33166

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:

*[Signature]* Michel Farrah

Date

12/11/00

Daytime Phone #

305-392-7929

**KE**

CR2E081 (9/99)