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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004

DOCUMENT # P0300006203 *P03000062032*

1. Corporation Name

FABULOUS FACES BY MARIA, INC

2. Principal Office Address

2246 SW 26 LANE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33035

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 06/05/2003

5. FEI Number
03-0519864

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

700040731217
03/01/04--01046--001 **150.00

~~03/01/04 01046--001 **150.00~~ SC

7. Name and Address of Current Registered Agent

Name
MARIA C. GALVIS

Street Address (P.O. Box Number is Not Acceptable)
2246 SW 26 LANE

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL Zip Code
33035

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 *Maria C Galvis*
REGISTERED AGENT MUST SIGN

Date *8/22/2004*

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
P/D	GALVIS, MARIA C	2246 SE 26 LANE	HOMESTEAD, FLORIDA 33035

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: *Maria C Galvis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/22/2004*

Daytime Phone #

CR2E081 (01/04)

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FABULOUS FACES BY MARIA
2246 SE 26 Lane, Homestead, Florida 33035 (305) 251-8891

Miami August 21, 2004

*Florida Division of Corporations
Reinstatement Division*

*Ref: Fabulous Faces By Maria, Inc
P0300006203*

Gentlemen/Madam:

On February 14 2004, we relocate our facilities to 2246 SE 26 Lane Homestead, Florida 33035 due to an opportunity to reduce fixed expenses. Due to the moving, our mailing was not received, lost or misplaced as possibly that happen with your notice

Along with this letter, you will find a UBR form properly filled, along with a check for \$150.00 to cover the fees. We request the acceptance of the UBR due to the facts explained above and the reinstatement of our corporation

Thanks in advance for your cooperation

Sincerely,



*Maria C. Galvis
President*