

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 28 PM 3:35

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000205

1. Corporation Name

Museum of Lifestyle & Fashion History, Inc
322 NE 2nd Avenue
Delray Beach, FL 33444

2. Principal Office Address

322 NE 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

SAME

Zip

33444

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 5, 2000

6. FEJ Number

65-0999010

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☒To Do Business in Florida
To Collect on Assets

7. Name and Address of Current Registered Agent

Name

Charlotte G. Durante

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

4165 NW 10th St

Suite, Apt. #, Etc.

City

Delray Beach

300030236129
03/10/04-01053-005 ***301.25300030236129
03/30/04-01021-009 ***525.00

FL

33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Date 3/8/04

REGISTERED AGENT MUST SIGN

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
C/O	Doak Campbell III	70 SE 4th Ave	Delray Beach, FL 33483
S/O	Dinah Stephenson	4785 Treefern Dr.	Delray Beach, FL 33445
P/O	Charlotte G. Durante	4165 NW 10th St	Delray Beach, FL 33445

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 taxes 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)(f), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charlotte G. Durante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/04

561-271-4545

Certify Phone #

4128 AD