

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:16

DOCUMENT # NO2000003229

1. Corporation Name

International Feng Shui Guild

900139168709
12/19/08--01029--014 **428.75

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

705B SE Melody Ln

Suite, Apt. #, etc.

Suite 166

City & State

Lee's Summit MO

Zip

64063

Country

3. Mailing Office Address

705B SE Melody Ln

Suite, Apt. #, etc.

Suite 166

City & State

Lee's Summit MO

Zip

64063

Country

Jackson

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2002

5. FEI Number

02-0598806

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

Rosalie Prinzivalli

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

11630 Holly Ann Dr

Suite, Apt. #, Etc.

City

Newport Richey

State

FL

Zip Code

34654

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rosalie Prinzivalli

REGISTERED AGENT MUST SIGN

Date 12/15/2008

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	Laurie Bornstein	24 W. Railroad Ave. #269	Tenafly NJ 07670
S/D	Liz Brown	815 W. 85th St.	Kansas City MO 64114
T/D	Debra Dermeyer Lamb	705B SE Melody Ln #166	Lee's Summit MO 64063
D	Rosalie Prinzivalli	11630 Holly Ann Dr	Newport Richey FL 34654

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 contained in Chapter 119, 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:

Liz Brown

Liz Brown

12/11/2008 (816)444-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/08