

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P00000043802**

1. Corporation Name

**THE ETIQUETTE CONNECTION INC.**

FILED

02 JAN 17 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5420 N. OCEAN BLVD., SUITE 504  
SINGER ISLAND FL 33404

Mailing Address

5420 N. OCEAN BLVD., SUITE 504  
SINGER ISLAND FL 33404



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1126274	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MOIDELL, AUDREY KARDON	5420 N. OCEAN BLVD., SUITE 504	SINGER ISLAND FL 33404
VD	MOIDELL, HARRY M	5420 N. OCEAN BLVD., SUITE 504	SINGER ISLAND FL 33404
			700004844837--0 -01/30/02--01053--025 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

MOIDELL, AUDREY KARDON  
5420 N. OCEAN BLVD., SUITE 504  
SINGER ISLAND FL 33404

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
Zip Code	

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

*Audrey Kardon MoideLL*  
REGISTERED AGENT MUST SIGN

Date 12-17-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Audrey Kardon MoideLL*

12/17/01

Date

Daytime Phone #

56-881-7733

CR2E040 (8/01)