

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095767

1. Corporation Name

THE NIKKI FELDBAUM COLLECTION, INC.

Principal Place of Business

Mailing Address

47 S. PALM AVENUE
~~SUITE 207~~
SARASOTA FL 34236

47 S. PALM AVENUE
~~SUITE 207~~
SARASOTA FL 34236



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

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
VP	FELDBAUM, NIKKI	47 S. PALM AVENUE, SUITE 207 301	SARASOTA FL 34236

300023965988
10/21/03--01040--030 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTLETT, CHARLES J ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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

Date

Oct 16, 03

Daytime Phone #

CR2E040 (7/03)

2 of 2



Wearable Sculpture

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 14, 2003

Re: Document P02000095767-Nikki Feldbaum Collection

I have just received notice that the Corporate Annual Report for Nikki Feldbaum Collection was not filed timely. I am enclosing the updated document P02000095767 with this letter.

I am requesting abatement of the \$600.00 reinstatement fee due to non-receipt of the annual report at our current mailing address. Nikki Feldbaum Collection moved locations during the year. Although mail forwarding was requested of the post office, we have found that a number of items of mail have not been forwarded properly. Since this was the first year of incorporation we did not know we should expect the annual report in the mail and thus did not know it was not delivered properly.

I have updated the address information on the enclosed form and have included \$ 150.00 as the filing fee. Please let me know if this is not acceptable.

Thank you for your help in this matter.

Sincerely,

Nikki Feldbaum