


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000124119					
1. Entity Name MICHELE'S TREASURES, INC.					
Principal Place of Business 2621 NE 10TH ST. HALLANDALE, FL 33009 US			Mailing Address PO BOX 85141 HALLANDALE, FL 33008 US		
2. Principal Place of Business		3. Mailing Address 1835 E. Hallandale Bch Blvd STE #225			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hallandale, FL		4. FEI Number 01-0755436	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		33009 USA	
6. Name and Address of Current Registered Agent LAZAROW, MICHELE 2621 NE 10TH ST HALLANDALE, FL 33008			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MICHELE'S TREASURES 2621 NE 10TH ST. HALLANDALE, FL 33008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL LAZAROW 2621 NE 10th St Hallandale FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042063738 10/21/04--01031--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Michele Lazarow			10/13/04 3056075683		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

04 OCT 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132004 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
PRES
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2621 NE 10TH ST.
HALLANDALE, FL 33008

☒ Delete

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MICHAEL LAZAROW
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SIGNATURE: Michele Lazarow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04 3056075683
Date Daytime Phone #