

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000088401

1. Corporation Name

E & E ELEGANT VINTAGE INC.

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

113 NW 16th St

3. Mailing Office Address

113 NW 16th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

US

Zip

33432

Country

US

7. Name and Address of Current Registered Agent

Name

Linda Desena

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

113 NW 16th St

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

Linda Desena

REGISTERED AGENT MUST SIGN

Date 6/10/09

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	Linda Desena	113 NW 16th St	Boca Raton FL 33432
		<i>J. W. 25</i>	

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

Linda Desena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/09

Date

Daytime Phone #

FILED
09 JUN 16 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000157289670
06/16/09--01073--011 **450.00

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 06/30/2006

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.