CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 10 AM 8:00

REINSTATEMENT *03-04*

200040964402
09/10/04--01048--006 **300.00

MRD

DOCUMENT # *P99000109489*

1. Corporation Name **BIJOU, INC.**

2. Principal Office Address *1835 E. Hallandale Bch. Blvd.*

Suite, Apt. #, etc. *186*

City & State *Hallandale*

Zip *33009* | Country *USA*

3. Mailing Office Address *1835 E. Hallandale Bch. Blv*

Suite, Apt. #, etc. *186*

City & State *Hallandale*

Zip *33009* | Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida *12/20/99*

5. FEI Number *65-1001554* | 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 *DENISE HEPNER*

Street Address (P.O. Box Number is Not Acceptable) *1835 E. Hallandale Beach Blvd.*

Suite, Apt. #, Etc. *186*

City *Hallandale* | State **FL** | Zip Code *33009*

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 _____
REGISTERED AGENT MUST SIGN

Date *9/1/04*

CR2E081 (01/04)

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
D	Denise Hepner	1835 E. Hallandale Bch. Blvd. #186	Hallandale, FL 33009

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 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

9/1/04 | Date | *954 455-3655* | Daytime Phone #