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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

Lovely Shop Inc.

2711 Inglewood Drive Lake City, Florida 32025

2. Principal Office Address Route 15 Box 3648 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

\_\_Lake\_City,\_Florida\_32025

Country

32025

3. Mailing Office Address

Route 15 Box 3648

Lake\_City,\_Florida32025

Country 32025

SECHETARY OF STATE HIVISION OF CORPORATIONS

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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0905686 Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent					
Name		¥			
Douglas P. Tannenbaum					
Street Address (P.O. Box Number is Not Acceptable)					
2711 Inglewodd Drive					
Suite, Apt. #, Etc.					
			<del></del> -		
City		State	Zip Code		
Lake City		FL	32025		

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

Signature of Registered Agent

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director City / State / Zip Name of Titles Officers and/or Directors Lake City, Florida 32025. 2711 Inglewood Drive CEO Betty Tannenbaum Lake City, Florida 32055 Route 15 Box 3648 Doug Tannenbaum President

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.1 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 and accurate, and my signature shall have the same legal effect as if made under oath. on this application is true

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-752-0227 3/01/62-386 752 2417 Daytime Phone #