

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 457464

1. Corporation Name

FRANCES NOVIAS BRIDAL BOUTIQUE, INC.

Principal Place of Business

PARISIEN, CHIE  
118 MIRACLE MILE  
CORAL GABLES FL 33134  
US

Mailing Address

PARISIEN, CHIE  
118 MIRACLE MILE  
CORAL GABLES FL 33134  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
Coral Gables, FL  
Zip 33134 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1974

5. FEI Number

59-1555941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
PD	FOX, FRANCES	323 NAVARRE, #401
STD	FOX, EMILIO	2900 COLUMBUS BLVD

City / State / Zip

CORAL GABLES FL

CORAL GABLES, FL 00000

8. Name and Address of Current Registered Agent

SMITH, GARY V.  
130 N.W. 7TH STREET  
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-17-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

FRANCES FOX

1/6/99

305-448-5756