

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 APR -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457464

1. Corporation Name

FRANCES NOVIAS BRIDAL BOUTIQUE, INC.
116 MIRACLE MILE
CORAL GABLES, FL 33134

2. Principal Office Address

116 MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

29-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

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. Name and Address of Current Registered Agent

Name

Alexander Fox

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

815 Ponce De Leon

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

500045030955
01/19/05--01047--017 **750.00

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

Alex F. A

Date

3/21/05

REGISTERED AGENT MUST SIGN

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	Frances Fox	2100 Coral Way, #605	Miami, FL 33145
S	Catherine Fox	116 Miracle Mile	Coral Gables, FL 33134

300050598913
04/15/05--01004--010 **150.00

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:

F. F. FRANCES FOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2004

Date

Daytime Phone #

205
725-8810

CR2E081 (01/04)