

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 DEC -2 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**F95-3875**

**1. Corporation Name**

Done With Style, Inc

**2. Principal Office Address**

1007 N. Federal Hwy.

**3. Mailing Office Address**

1007 N. Federal Hwy.

Suite, Apt. #, etc.

G

Suite, Apt. #, etc. ---

G

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale

Zip

33306

Country

USA

Zip

33306

Country

USA

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

08/10/95

**5. FEI Number**

65-0583638

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

Ryan Miles

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

2886 NE 26 PL

Suite, Apt. #, Etc.

City

Fort Lauderdale

State  
**FL**

Zip Code

33306

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11/22/02**

**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	Ryan Miles	2886 NE 26 PL	Fort Lauderdale, FL 33306

**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]*

Ryan Miles

11/22/02

954.568.9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)