

102

FILED

00 NOV 29 AM 10:13

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

[illegible]

Mailing Address

% GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL NORTH, STE. 300
NAPLES FL 34103

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

3. New Mailing Office Address, If Applicable

c/o Porter, Wright, Morris & Arth
Suite, Apt. #, etc. IIP
Suite 300, 5801 Pelican Bay Blvd.

City & State
Naples, FL

Zip
34108-2709

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1998.

5. FEI Number

43-1045525

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)

800003500528--1
-12/13/00--01110--007
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Kevin R. Lottes, Esq. c/o Porter, Wright, Morris & Arthur LLP		
Street Address (P.O. Box Number is Not Acceptable) 5801. Pelican Bay Blvd.		
Suite, Apt. #, Etc. Suite 300		
City Naples.	State FL	Zip Code 34108-2709

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.

RRR

Date 10/31/20

REGISTERED AGENT MUST SIGN

11. 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.

Thomas L. Wilson Thomas L. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date _____ Daytime Phone # _____

11-22-02

208

November 1, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

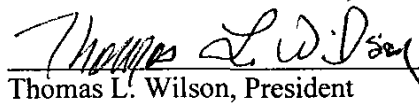
RE: The Contemporary Look, Ltd., Inc.

Dear Sirs:

In October 2000, I learned from the Florida Department of State that the corporation of which I am President, The Contemporary Look, Ltd., Inc., was administratively dissolved by the Florida Department of State for failure to timely file its 2000 Annual Report; however, I never received the Annual Report Form which the Department of State apparently was to have mailed to me. As a result, I was unable to file an Annual Report because I never received the 2000 Annual Report form. I hereby request, that as a result of my not receiving the Annual Report form, that the reinstatement fees and penalties relative to the corporation be waived.

THE CONTEMPORARY LOOK, LTD., INC.

By:


Thomas L. Wilson, President