PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 31 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L57487

1 Corporation Name
FRAGRANCE EXPRESS, INC.

Principal Place of Business / Mailing Address
3350 GATEWAY DR.
POMPANO BEACH, FL 33069

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

REINSTATEMENT 96+97
MWB

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/15/90

5. FEI Number: 650290005 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C/P	ROBERT M. BARTLETT	3350 GATEWAY DR.	POMPANO BEACH, FL 33069
V/S/D	JEAN MICHEL LOPEZ	3350 GATEWAY DR.	POMPANO BEACH, FL 33069

800002077448--7
-02/04/97--01171--011
****915.00 ****915.00

800002077448U--7
-02/04/97--01171--012
******8.75 ******8.75

8. Name and Address of Current Registered Agent
MR. GARY BROOKMEYER
3300 PGA BLVD. - SUITE #350
GARDENS PLAZA
PALM BEACH GARDENS, FL 33410

9. Name and Address of New Registered Agent
Name: Robert M. Bartlett
Street Address (P.O. Box Number is Not Acceptable): 3350 Gateway Dr.
Suite, Apt. #, etc.:
City: Pompano Bch State: FL Zip Code: 33069

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: Robert M Bartlett
REGISTERED AGENT MUST SIGN
Date: 1-30-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes ☐ No ☐ See other side for explanation on intangible tax.

I certify that I am an officer or director of the declarant 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 new officers 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: Robert M Bartlett — 1-30-97 — (954)-974-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #