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
96 NOV 15 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78749

1. Corporation Name

PINK PUSSY CAT BOUTIQUE FRANCHISING CORPORATION

Principal Place of Business	Mailing Address
% EDWARD SHARP 2999 STIRLING RD #B-206 FT LAUDERDALE FL 33312	% EDWARD SHARP 2999 STIRLING RD #B-206 FT LAUDERDALE FL 33312

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/1990

5. FEI Number: 65-0215985 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
S	SHARP, EDWARD	2999 STIRLING ROAD, B-206	FT. LAUDERDALE FL
T	SCHAIN, RONALD D	2999 STIRLING ROAD, B-206	FT. LAUDERDALE FL

S00002011865--4
-11/22/96--01010--001
****375.00 ****375.00

JB 11-20-96

8. Name and Address of Current Registered Agent

SHARP, EDWARD
2999 STIRLING RD
SUITE B-206
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name: Ronald D. Schain
Street Address (P.O. Box Number is Not Acceptable): 4699 STIRLING RD.
Suite, Apt. #, Etc.: B-206
City: Fort Lauderdale State: FL Zip Code: 33312

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: SIGNATURE REQUIRED Date: 9/24/96
REGISTERED AGENT MUST SIGN

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/96 (954) 961-5242
Date Daytime Phone #

CR2E040 (7/96)