

\$1658.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 10:00

DOCUMENT # **M 56252**

1. Corporation Name

C'est Si Bon Boutique, Inc

700067947997
03/16/06--01008--018 **1817.50

REINSTATEMENT 00-06

CR2E081 (12/05)

2. Principal Office Address

11865 SW 26 St

Suite, Apt. #, etc.

C 32

City & State

Miami, FL

Zip **33175**

Country **US**

3. Mailing Office Address

11865 SW 26 St

Suite, Apt. #, etc.

C 32

City & State

Miami, FL

Zip **33175**

Country **US**

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

59-2829092

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

Dania Costa

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

50 NW 130 Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33182

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

Dania Costa

Date

01-16-06

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	Dania Costa	50 NW 130 Ave	Miami, FL 33182

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 contained in Chapter 119, 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:

Dania Costa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-16-06 (305) 554-1699

Daytime Phone #