

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03000006009**

**1. Corporation Name**

(I.A.M:) IT'S ABOUT ME, INC.

**2. Principal Office Address - No P.O. Box #**

3221 Riverside Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

United States

**3. Mailing Office Address**

3221 Riverside Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/15/2003

**5. FEI Number**

☒ 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

Sandra Halaby

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

3221 Riverside Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Sandra Halaby*

REGISTERED AGENT MUST SIGN

Date

4/28/2009

**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
Preside	Sandra Halaby	3221 Riverside Drive	Coral Springs, Florida 33065
V.P.	Patricia Louis	900 NE 195th Street #607	Miami, Florida 33179
Secret	Franze-Marie Canell	PO Box 222884	Hollywood, Florida 33022
Treas	Patricia Guerrier	6984 NW 5th Place	Margate, Florida 33063
	Barbara Canell	13850 NE 17th Avenue	North Miami, Florida 33181
	Gina Fourreau	6984 NW 5th Place	Margate, Florida 33063

**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**

*Franze-Marie Canell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/2009

Daytime Phone #

(305) 491-1445

FILED

09 MAY 11 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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