

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV -4 PM 5:51

DOCUMENT # **N98000000860**

1. Corporation Name  
**FOR GIRLS ONLY INC.**

000003045510--9  
 -11/16/99--01052--006  
 \*\*\*\*236.25 \*\*\*\*236.25

Principal Place of Business Mailing Address

840 CENTER AVENUE #75 840 CENTER AVENUE #75  
 HOLLY HILL FL 32117 HOLLY HILL FL 32117



**REINSTATEMENT 99**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt. #, etc.		02/12/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3498750	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				<input checked="" type="checkbox"/> Error RA 11/15/99 \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAILE, ROSE A	840 CENTER AVENUE #75	HOLLY HILL FL 32117
D	EVANS, CHARMIN	1220 MARDRAKE RD	DAYTONA BEACH FL 32114
D	WHITE, BURNADETTE	465 PLEASANT ST	DAYTONA BEACH FL 32114
C	Turner, Valmarie	228 Haynes St.	Daytona Beach, FL 32114
D	Evans, Charlene	1220 Mandrake Rd.	Daytona Beach, FL 32114
D	Cason, Patricia	956 Derbyshire Rd.	Daytona Beach, FL 32117

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAILE, ROSE 840 CENTER AVENUE #75 HOLLY HILL FL 32117		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *Rose A. Haile* REGISTERED AGENT MUST SIGN Date: 11/1/99

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.

SIGNATURE: *Rose A. Haile* HAILE, ROSE A. 11/1/99 (904) 258-2814  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #