

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N98000000860**

1. Corporation Name

**FOR GIRLS ONLY INC.**

Principal Place of Business

Mailing Address

840 CENTER AVENUE #75  
HOLLY HILL FL 32117

840 CENTER AVENUE #75  
HOLLY HILL FL 32117

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 Mardrake 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* **Rose A. Haile**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

Date

(904) 258-2814

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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4. Date incorporated or Qualified  
To Do Business in Florida

02/12/1988

5. FEI Number

59-3498750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR20040 (8/99)