

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -5 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003957

1. Corporation Name

Bisous for you inc

2. Principal Office Address

6000 Cypress Grove circle

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

SAME

Zip

Country

33982

USA

Zip

Country

2

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650984173

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

Richard E Bissonette

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

6000 Cypress Grove Circle

Suite, Apt. #, Etc.

100004698181-6

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****150.00 ****150.00

City

Punta Gorda

State

FL

Zip Code

33982

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

Richard E Bissonette

Date

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
Pres	Richard E Bissonette	6000 Cypress Grove Circle	Punta Gorda FL 33982

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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BISOUS AT THE SPA INC.

321 Taylor Street
Punta Gorda
Florida 33950
941-575-6363

October 12 2001

Division of Corporations
Annual report/reinstatement section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir/Madam

Pursuant to our conversation on or about October 11 2001 I am righting to you about reinstating my company. I did not receive any renewal form from your office and was not aware of the renewal date. Joan Green of accurate accounting was at that time in charge of all renewals and records over the past year Joan Green lost or destroyed all of my forms and letters with my knowledge. I was shocked when I was made aware of these outstanding renewals. Enclosed is a check as you requested for the renewal of \$150.00 I promise from this point on I will be handling all of these myself. I also own Bisous for you inc. and have not received the reinstatement forms I realize that this is outstanding could you please if you can reinstate this company as well and send me the forms and I will also send \$150.00 for this as well thank you again and again I am sorry for any trouble this my have caused. If there is any questions feel free to call me at 941-575-6363

Sincerely,



Richard Bissonette
Bisous at the spa Inc.
941-575-6363