

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -7 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000015967

1. Corporation Name

BOUTIQUE HOTELS, INC

2. Principal Office Address

10275 COLLINS AVE

3. Mailing Office Address

10275 COLLINS AVE

Suite, Apt. #, etc.

#1112

Suite, Apt. #, etc.

#1112

City & State

BAH HARBOR, FL

City & State

BAH HARBOR, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/2000

5. FEI Number

051002189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MS. LAURA ANN SHERIDAN

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

10275 COLLINS AVE,

Suite, Apt. #, Etc.

#1112

City

BAH HARBOR, FL

State

FL

Zip Code

33154

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/28/2003

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
D	LAURA SHERIDAN	10275 COLLINS AVE #1112, BAH HARBOR, FL	33154

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/2003

Daytime Phone #

CR2001 (10/02)

Ms. Laura Sheridan  
10275 Collins Ave #1112  
Bal Harbour, Fl 33154  
305-793-6059c  
305-993-1387t  
305-672-3515vm  
[laurasherdan1@aol.com](mailto:laurasherdan1@aol.com)

Secretary of the State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314

April 29, 2003

Attention Reinstatement Division;

Please reinstate the following corporation. Previous notices were not received.

DOCUMENT NUMBER:	BOUTIQUE HOTELS, INC P00000015967
FEI :	651002189
PREVIOUS ADDRESS	1492 LINCOLN TERRACE #6 MIAMI BEACH, FL 33139
CURRENT ADDRESS:	10275 COLLINS AVE #1112 BAL HARBOUR, FL 33154

A Check for fees enclosed.

Thank you,

 4/28/03

Laura Sheridan