

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 AM 10:17

DOCUMENT # P000000 28783

1. Corporation Name

The Faux Pros, Inc.

800180282438
05/04/10--01052--017 **450.00

CR2E081 (4/10)

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

203 Foresteria Drive

Suite, Apt. #, etc.

3. Mailing Office Address

203 Foresteria Drive

Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

Lake Park, FL

Zip

33403

Country

US

Zip

33403

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/2000

5. FEI Number

65-0991737

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

Lisa J. Dileo

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

203 Foresteria Drive

Suite, Apt. #, Etc.

City

Lake Park

State

FL

Zip Code

33403

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Lisa J. Dileo

Date 4/28/10

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
DPST	Lisa J. Dileo	203 Foresteria Drive	Lake Park, FL 33403

To 5/6/10

REINSTATEMENT 08-10

10. E-mail Address: lisadileo@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Lisa J. Dileo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/10

Date

Daytime Phone #