

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000036287**

1. Corporation Name

BETH'S BOUTIQUE & APPAREL, INC.

Principal Place of Business

Mailing Address

2900 WEST SAMPLE ROAD
POMPANO BEACH FL 33073

2900 WEST SAMPLE ROAD
POMPANO BEACH FL 33073

REINSTATEMENT 03



600024198896
10/28/03--01035--020 **150.00

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

04/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0997562

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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
PTS	BUCCELLATO, JOSEPH	2900 WEST SAMPLE ROAD	POMPANO BEACH FL 33073
SD	PARELLO, NANCY	2900 WEST SAMPLE ROAD	POMPANO BEACH FL 33073

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, MORRIE
2450 HOLLYWOOD BOULEVARD
SUITE 100
HOLLYWOOD FL 33020

Name **NANCY PARELLO**
Street Address (P.O./Box Number is Not Acceptable) **1401 S. OCEAN BLVD**
Suite, Apt. #, Etc. **#308**
City **POMPANO BEACH** State **FL** Zip Code **33062**

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. or 617.0505, F.S.

Signature of
Registered Agent

Nancy Parello, Sec.
REGISTERED AGENT MUST SIGN

Date **10/22/03**

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:

Nancy Parello, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 **954-788-9561**
Date Daytime Phone #

CR2E040 (7/03)

October 22,2003

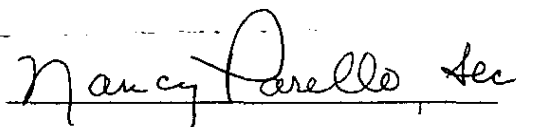
To: Florida State Department – Division Of Corporations

From: Beth's Boutique & Apparel,Inc.

Please be advised the 2003 UBR filing form was not received by our company. Please reinstate the above corporation.

Enclosed find check for \$150.00 as required.

Thank you.


Nancy Parello, sec.