PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/06--01017--011 **1358.75
REINSTATEMENT 02-06

CR2E081 (12/05)

DOCUMENT # P00000040487

1. Corporation Name

Mermaids Swimwear Boutique Inc.

2. Principal Office Address		3. Mailing Office Address	
7328 Red Rd.		7328 Red Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
NA.		NA.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33143	USA	33143	USA

4. Date Incorporated or Qualified To Do Business In Florida 04/24/00

5. FEI Number 65-1002396 ☐ 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: Jessica Corny

Street Address (P.O. Box Number is Not Acceptable): 1945 SW 23 Ter

Suite, Apt. #, Etc.: N.A.

City: Miami | State: FL | Zip Code: 33145

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: Jessica Corny Date: 2/6/06
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
President	Jessica Corny	1945 SW 23 Ter	Miami, FL 33145

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 contained in Chapter 119, 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: Jessica Corny 2/6/06 (305)662-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell FEB 22 2006