

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1602

FILED

04 DEC 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000043132**

1. Corporation Name

NEW YOU STUDIO

2. Principal Office Address

9101 College Pkwy

Suite, Apt. #, etc.

204

City & State

FT. MYERS FL.

Zip

33919

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/2000

5. FEI Number

651099143

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

JENNIFER JENSEN

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

9101 College Pkwy # 204

Suite, Apt. #, Etc.

#

City

FT. MYERS

State

FL

Zip Code

33919

12/10

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 **11-12-04**

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
Director	Jennifer Jensen	Above 9101 College Pkwy # 204 FT. MYERS, FL 33919	Above P00043330207 12/10/04--01033--010 \$300.00

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

11/12/04 (239)


Date

Daytime Phone #

229-6115

CR2081 (01/04)

2002

		11.10.04
E.I.N. 05-1099143		Reg #
New you Studio-# HS4862		
New address:		
9101 College Pkwy #204		
Ft Myers FL 33919		
I moved to a new address last yr - and did not get the paperwork to hold up my S-corp please except my ck for 300.00.		