

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

102

02 FEB 21 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050860

1. Corporation Name

INTRIGUE STYLES II, INC.

Principal Place of Business

Mailing Address

THE FASHION MALL
321 N. UNIVERSITY DRIVE
PLANTATION FL 33324

Suite E07A THE FASHION MALL
321 N. UNIVERSITY DRIVE
PLANTATION FL 33324



REINSTATEMENT 2001-2002

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2000

5. Number

65-1011596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BARRETT, BARBARA	3412 SPRINGBLUFF PLACE	LAUDERHILL FL 33319
			600005065196--1 -03/07/02--01073--026 ****150.00 ****150.00
			600005065196--1 -03/07/02--01073--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANJAR, RAJU
6635 W. COMMERCIAL BLVD. #215
TAMARAC FL 33319

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Feb 08 '02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 236-0700
954
Feb 15 '02 / 931-5000

CR2E040 (8/01)