

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED


112

05 NOV 21 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051721

1. Entity Name
ZUCCO BOUTIQUE, INC.



Principal Place of Business
1717 MAIN STREET
WESTON, FL 33326

Mailing Address
1717 MAIN STREET
WESTON, FL 33326

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



10212005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
GODOY, OMAIRA
938 BLUE WATER TR
FORT LAUDERDALE, FL 33327

4. FEI Number
65-1010710

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *X Omaira Godoy* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODOY-CAMEJO, OMAIRA 928 BLUEWOOD TR FORT LAUDERDALE, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Omaira Godoy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel NOV 22 2005

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ZUCCO Boutique, Inc.
1717 MAIN Street
Weston, FL 33326
Phone: (954) 217-7515
Fax: (754) 423-3874

November 15, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

Subject: ZUCCO Boutique, Inc.
Ref: Number P00000051721

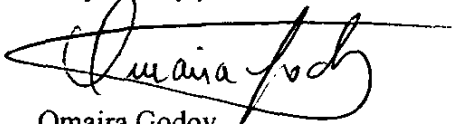
This in response to your letter dated October 24th, 2005 regarding the filing of ZUCCO Boutique, Inc. annual uniform business report.

As we stated to your representative on the phone we did not receive the "post card/renewal notice" sent by the State of Florida sent via U.S. Mail .

This is a request to honor ZUCCO Boutique's check number 3925 in the amount of, \$150.00.

We have been good patrons and have always renewed on time for several years. We ask that you honor our request.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Omaira Godoy", with a large, sweeping flourish extending to the left.

Omaira Godoy
President

Enclosure