

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000081303

1. Corporation Name

KEY WEST BODY & SCENT, INC.

Principal Place of Business

300 SW 1ST AVE.
SUITE 115
FT. LAUDERDALE FL 33301

Mailing Address

300 SW 1ST AVE.
SUITE 115
FT. LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

11460 N.W. / 8th Manor
Coral Springs
FL
33071

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

5. FEI Number

65-1049645

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, PAT	300 SW 1ST AVE.	FT. LAUDERDALE FL 33301
D	BROWN, ESTHER	300 SW 1ST AVE.	FT. LAUDERDALE FL 33301

200023863142
10/16/03--01087--001 **150.00

8. Name and Address of Current Registered Agent

CHARLES J GOLDMAN, P.A.
601 S. FEDERAL HWY.
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Esther Brown Esther Brown 10/9/03 954-8320559

FILED

03 OCT 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

To whom it may concern;

I just received an application for reinstatement. I had not received any annual reports this past year and on the reinstatement form I have given my home address as the new mailing address. My shop is in an outside mall with the mail boxes on the street. There have been times that I have received mail from the other shops and have spoken to the post office.

Please accept my apology. I am enclosing a check. I always send anything in regards to my business on time. I'm trying to keep my business going, working many hours since 9/11th.

Sincerely,

Esther Brown