

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107194

1. Corporation Name

FRENCH HERITAGE SHOP, INC.

Principal Place of Business

590 COCONUT CIR
FT LAUDERDALE FL 33326

Mailing Address

590 COCONUT CIR
FT LAUDERDALE FL 33326

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2000

5. FEI Number

65-1055464

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAYER, ROBERT S	590 COCONUT CIR	FT LAUDERDALE FL 33326

700009419257
12/09/02--01072--003 **150.00

8. Name and Address of Current Registered Agent

GLASSER, GENE K
2021 TYLER ST
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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/17/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/02

Daytime Phone #

CR2E040 (8/02)



Tax & Business Services

**American Express
Tax and Business Services Inc.**
2745 W. Cypress Creek Road
Ft. Lauderdale, FL 33309
Tel: 954.971.7000
Fax: 954.974.0300
Toll Free: 800.685.2271

December 2, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: French Heritage Shop
FEIN 65-1055464
Document # P00000107194**

Dear Sir or Madam:

Our client referenced above has asked us to respond to your notice of Administrative Dissolution or Revocation of the above reference corporation. We have spoken to your office and understand that you may issue a one-time waiver of penalty for late filing. Our client did not receive the mailing of the Uniform Business Report for 2002.

We respectfully request that the late filing penalty of be abated for the 2002-filing year and the corporation be reinstated. Enclosed is the 2002 UBR, the application for reinstatement and a check for \$150.00.

Thank you for your attention to this matter. If you have any further questions please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Barry T. Gurland".

Barry T. Gurland

BTG/mam
Enclosures (3)