

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 # P01000010246

1. Corporation Name

LOLABELLA, INC

Principal Place of Business

Mailing Address

91 SE 1ST AVE
BOCA RATON FL 33432

91 SE 1ST AVE
BOCA RATON FL 33432

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

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
P	FORMAN, CHERYL	91 SE 1ST AVENUE	BOCA RATON FL 33432
			600033096346 04/19/04--01074--009 **750.00
			600033096346 05/04/04--01059--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORMAN, CHERYL
91 SE 1ST AVE
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Cheryl Forman
REGISTERED AGENT MUST SIGN

Date

3/14/04

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:

Cheryl Forman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/04 561-368-2345
Daytime Phone #

FILED
04 JUN -4 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-54

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

65-1071032

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (7/03)