

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 # P01000017929

1. Corporation Name

TIFFANY'S LINGERIE, INC.

Principal Place of Business

Mailing Address

6931 SW 57TH STREET  
DAVIE FL 33314

6931 SW 57TH STREET  
DAVIE FL 33314

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.

6753 SW 27th Ct.

Suite, Apt. #, etc.

6753 SW 27th Ct.

City & State

Miramar FL 33023

City & State

Miramar FL 33023

Zip

33023

Country

Broward

Zip

33023

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2001

5. FEI Number

65-1112073

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
PSTD	<del>BROWN, DIANNA</del>	<del>6931 SW 57TH STREET</del>	<del>DAVIE FL 33314</del>
V	CASSUTO, MARK	4421 DOGWOOD CIRCLE	WESTON FL 33331
PSTD	Dianna Brown	6753 SW 27th Ct.	Miramar FL 33023

000024055870  
10/23/03--01083--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BROWN, DIANNA~~  
6931 SW 57TH STREET  
DAVIE FL 33314

Name

Dianna Brown

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

6753 SW 27th Ct.

Suite, Apt. #, Etc.

Miramar FL 33023

City

Miramar

State

FL

Zip Code

33023

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

Dianna L. Brown  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

Dianna L. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

CR2E040 (7/03)

10/17/03

To whom it may Concern,

I Dianna Brown, I  
called the number on my Packet and  
they told me to write a letter  
letting you no I never received my  
V.B.R. Notices - I am following the  
direction given in the Packet, I  
made the changes I need to make  
if there is anything else I  
need to do Please let me no.

Dianna L. Brown

My Check is  
Enclosed Thank you.

954. 983.2802

954-553-4727