

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 AUG 28 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO10000024148

1. Corporation Name

Play It Again Consignment Boutique

2. Principal Office Address

2939 S. US #1

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Zip

34982

Country

US

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

3-5-01

5. FEI Number

65-0311748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mona Carroll

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

2939 S. US #1

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mona Carroll

REGISTERED AGENT MUST SIGN

Date

8-18-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mona Carroll	2939 S US #1	Fort Pierce FL 34982
			600079265816 08/30/06--01031--017 **1350.00

10. 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 contained in Chapter 119, 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:

Mona Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-06

Date

Daytime Phone #

8/29/06