

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000033580**

1. Corporation Name

PINK POUSSUA', INC.

Principal Place of Business

**681 NE BROADVIEW DRIVE
BOCA RATON FL 33431**

Mailing Address

**681 NE BROADVIEW DRIVE
BOCA RATON FL 33431**

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

04/03/2001

5. FEI Number

not Available

☒ 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	HOFFMAN, NEIL	681 NE BROADVIEW DRIVE	BOCA RATON FL 33431
D	HOFFMAN, ROBIN	681 NE BROADVIEW DRIVE	BOCA RATON FL 33431

100008801781

11/05/02--01029--008 **150.00

100008801781

11/05/02--01029--009 **8.75

02482
TO

8. Name and Address of Current Registered Agent

HOFFMAN, NEIL
681 NE BROADVIEW DRIVE
BOCA RATON FL 33431

*please
correct Name*

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)
10/31/02
367-8999

CR2E040 (8/02)

10/31/02

To Whom it may concern:

I did not receive my application to reinstate in the mail. I then received this application for reinstatement w/ notification that that company would be dissolved -

Please accept this check & reinstatement application for Pink Possum, Inc.

Acct# P01000033580

