

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 30 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055248

1. Corporation Name

Dees A Special Touch

100005754061--8
-06/11/02--01073--017
****150.00 ****150.00

2. Principal Office Address

2192 W. Oakland Park Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

2192 W. Oakland Park Blvd.
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip Country
33311 USA

City & State

Ft. Lauderdale, FL

Zip Country
33311 USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 29, 2001

5. FEI Number 071683315

~~261593659~~

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

Yolanda D. Brooks

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

3173 N.W. 39th Street

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33309

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

Yolanda D. Brooks

REGISTERED AGENT MUST SIGN

Date 5/24/02

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	Yolanda Brooks	3173 N.W. 39th Street	Lauderdale Lakes, FL 33309
T	Yolanda Brooks	3173 N.W. 39th Street	Lauderdale Lakes, FL 33309
S	Yolanda Brooks	3173 N.W. 39th Street	Lauderdale Lakes, FL 33309
VP	Yolanda Brooks	3173 N.W. 39th Street	Lauderdale Lakes, FL 33309

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 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:

Yolanda D. Brooks Yolanda D. Brooks

5/24/02 (554) 484-6500

Date

Daytime Phone #

CR2E081 (9/01)

js 6/10/02