

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:45

SECRETARY OF STATE
TALLAHASSEE - FLORIDA

DOCUMENT # **P01000067007**

1. Corporation Name

NORTHMIL LADY, INC.

Principal Place of Business

Mailing Address

**NORTHMIL PLAZA STORE #310
4385 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

**NORTHMIL PLAZA STORE #310
4385 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

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

**19509 SATURNIA LAKES DR
BOCA RATON, FL
33498**

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

65-1118898

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
D	CHRISTIAN, JAMIE	4385 NORTHLAKE BLVD.	PALM BEACH GARDENS FL 33410
D	CHRISTIAN, MARY	4385 NORTHLAKE BLVD.	PALM BEACH GARDENS FL 33410
D	MORAN, BERNADETTE	4385 NORTHLAKE BLVD.	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

Name

MARY CHRISTIAN

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

19509 SATURNIA LAKES DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Mary Christian
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

BH. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03 561722-4156

Daytime Phone #

CR2E040 (7/03)

Northmil Lady, Inc.
4385 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561) 776-0999

October 31, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlepersons:

We did not receive the two prior notices regarding our Uniform Business Report. We have enclosed the complete report and a check in the amount of \$150 for the regular filing fee. Thank you for your assistance in resolving this matter.

Sincerely yours,
Northmil Lady, Inc.

A handwritten signature in cursive script, appearing to read "Mary Christian", written in dark ink.

Mary Christian, Pres.