

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070791

1. Corporation Name

TERESE INTIMATES, INC.

2. Principal Office Address

3800 Piedmont Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

100025737221
12/24/03--01004--014 **158.75
REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/16/2001

5. FEI Number

651132807

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

Jeannine Fontaine

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

3800 Piedmont Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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**

Jeannine Fontaine

REGISTERED AGENT MUST SIGN

Date 12-9-03

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	Jeannine Fontaine	3800 Piedmont Street	Hollywood, Fl. 33021

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:

Jeannine Fontaine President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-03

Date

Daytime Phone #

CR2E081 (10/02)

292

12/10/03

Please be advised
that we did not receive
our 2003 Annual Report.

Our correct mailing and
principle address is
3800 Piedmont St.
Hollywood Fl. 33021

Please accept this
158.75 to reinstate.
and issue a CGS.

President Jeannine Fontaine
Jeannine Fontaine