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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -1 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086688

1. Corporation Name
REVE@L.COACH. INC.

767 ARTHUR GODFREY ROAD
767 ARTHUR GODFREY ROAD

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
767 ARTHUR GODFREY ROAD	767 ARTHUR GODFREY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33140-3413 Country: USA	Zip: 33140-3413 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/2001

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEINBERG, PAUL B ESQ.

Street Address (P.O. Box Number is Not Acceptable): 767 ARTHUR GODFREY ROAD

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33140-3413

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: _____ Date: 5/12/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BATON, DANIELLE	47, rue Louis-le-Guenec	29350 MOËLAN/MER

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ BATON, Danielle 5/12/04 305-538-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.
Account Number : I19980000080
Phone : (305)538-2344
Fax Number : (305)538-0419

CORPORATION REINSTATEMENT

REVE@L.COACH, INC.

Certificate of Status	0
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