

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 OCT 29 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000037882**

1. Corporation Name

AS YOU WISH, INC.

Principal Place of Business

Mailing Address

~~840 CORAL RIDGE DR SUITE 104~~
~~CORAL SPRINGS FL 33071~~

~~840 CORAL RIDGE DR SUITE 104~~
~~CORAL SPRINGS FL 33071~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3701 SW Coquina Cove Way

Suite, Apt. #, etc.
Suite 104

City & State
Palm City, FL

Zip Country
34990 US

3. New Mailing Office Address, If Applicable

3701 SW Coquina Cove Way

Suite, Apt. #, etc.
Suite #104

City & State
Palm City, FL

Zip Country
34990 US

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/2002

5. FEI Number

01-0662135

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
P	Tracy Litt	3701 SW Coquina Cove Way 104	Palm City, FL 34990
VP	Angela Bulanov	936 NE 27 Ave.	Hallandale FL 33009

600024249706
10/29/03--01035--009 **150.00

8. Name and Address of Current Registered Agent

LITT, TRACY
840 CORAL RIDGE DR SUITE 104
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

Tracy Litt

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

3701 SW Coquina Cove Way

Suite, Apt. #, Etc.

#104

City

Palm City

State

FL

Zip Code

34990

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

Tracy Litt

REGISTERED AGENT MUST SIGN

Date

10-21-03

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:

Tracy Litt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

7722839591

Daytime Phone #

CR2E040 (7/03)



3701 SW Coquina Cove Way Suite #104 ~ Palm City, FL 34990
954.540.2905 - 954.895.0518 - fax 772.283.9591
web - www.asyouwishinc.net e-mail - info@asyouwishinc.net

To Whom It May Concern:

The 2003 annual business report for As You Wish, Inc. was never received prior to receiving the notice of dissolution or revocation. I, Tracy Litt, the registered agent of said corporation, have completed the form in its entirety and have enclosed the \$150.00 filing fee. Also enclosed is an additional \$8.75 requesting Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tracy Litt', is written over the word 'Sincerely,'.

Tracy Litt
President/Registered Agent