

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000038117

1. Corporation Name

FRESH EFFECTS INC.

Principal Place of Business

Mailing Address

7962 S.W. 7TH COURT
NORTH LAUDERDALE FL 33068

7962 S.W. 7TH COURT
NORTH LAUDERDALE FL 33068

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.

11503 NW 43 COURT

11503 NW 43 COURT

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33065 Broward

Zip Country
33065 Broward

REINSTATEMENT

03

Date Incorporated or Qualified
To Do Business in Florida

04/08/2002

5. FEI Number

Applied For

68-0497155

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LABOMBARD, LUKE	7962 S.W. 7TH COURT	NORTH LAUDERDALE FL 33068
V	MCCLARY, KENNETH	7962 S.W. 7TH COURT	NORTH LAUDERDALE FL 33068
V	LaBombard, Shannon	11503 NW 43 Ct.	Coral Springs, FL 33065

700024568077
11/10/03--01085--004 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLARY, KEN
7962 S.W. 7TH COURT
NORTH LAUDERDALE FL 33068

Name

Shannon LaBombard

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

11503 NW 43 Ct

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Shannon LaBombard

REGISTERED AGENT MUST SIGN

Date

11/7/03

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:

Luke LaBombard Luke LaBombard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

954-909-1026

Daytime Phone #

CH2ED40 (7/03)


Dept. of State

Concerning Fresh Effects Inc.

Recently we received a certificate of administrative dissolution or revocation. However, due to unforeseen circumstances including change of mailing address we did not receive the prior (UBR) notices. Please waive the fees and reinstate Fresh Effects Inc.. The new mailing address is listed on the reinstatement application.

President:

Luke LaBombard

x  Date 11/07/2003