

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072624

1. Corporation Name

MONICA HOUSE OF STYLE, INC.

2. Principal Office Address

7322 SOUTH GATE BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. LAUDERDALE, FLORIDA

City & State

Zip

33068

Country
USA

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

NOEMI E. MEDINA

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

500 WEST CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

SUITE 230

City

FORT LAUDERDALE

State
FL

Zip Code
33309

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

Noemi E. Medina

Date 1

REGISTERED AGENT MUST SIGN

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	MONICA TIGGS	7322 SOUTH GATE BLVD.	N. LAUDERDALE, FLORIDA 33068
VP	DONIEL TIGGS	7322 SOUTH GATE BLVD.	N. LAUDERDALE, FLORIDA 33068
	<i>R/T/15</i>		100081764961 11/14/06--01049--018 **900.00

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 contained in Chapter 119, 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:

Monica Tiggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/06
Date

754-368-5491
Daytime Phone #