



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P02000083123</b> 1. Entity Name <b>LEJUL COSTUME FOR ALL OCCASIONS, CORP</b>					
Principal Place of Business <b>220 SW 56 AVE, BLDG 11, STE 201 MARGATE, FL 33068</b>				Mailing Address <b>220 SW 56 AVE, BLDG 11, STE 201 MARGATE, FL 33068</b>	
2. Principal Place of Business <b>2285 Potomac RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2285 Potomac RD</b> Suite, Apt. #, etc.		<div style="display: flex; justify-content: space-between;"> <div> <b>FILED</b>             05 JUL -5 PM 1:48             SECRETARY OF STATE            TALLAHASSEE, FLORIDA         </div> <div>   <b>REINSTATEMENT 04-05</b> </div> </div>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>42-1561650</b>	
Zip <b>33431</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHROEDER, BRICEIDA 220 SW 56 AVE, BLDG 11, STE 201 MARGATE, FL 33068</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2285 Potomac RD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>Briceida Schroeder</i></u> <span style="float: right;">6/23/05</span> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SCHROEDER, BRICEIDA 220 SW 56 AVE, BLDG 11, STE 201 MARGATE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>2285 Potomac Road</b> <b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>600056578086</b> <b>06/28/05--01003--003 **300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Briceida Schroeder</i></u> <span style="float: right;">6/23/05</span> <span style="float: right;">934/614-1586</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2025

Briceida F Schroeder  
2285 Potomac Road  
Boca Raton, FL 33431

Re: Lejul Costume For All Occasions, Corp.

June 16, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document number P02000083123

To Whom It May Concern:

I am respectfully writing to request a waiver of the \$600 reinstatement fee for the registration of my company, Lejul Costume For All Occasions, Corp. under the aforementioned document number.

When I registered my company with the state of Florida in 2002, as a new business owner, I did not realize that I had to renew my corporation annually with the state whether I conducted business or not. It wasn't until just recently that I was made aware of this fact.

I do not recall ever having seen any renewal forms from the state, but I acknowledge that it is possible that they were mailed. Since then my address has changed and I have had problems in the past with my forwarding address. It's just that being a new business owner I would not have known to expect a renewal form or even what to look for in the mail, given how little I knew of the registration process.

I apologize for the oversight and my lack of understanding and wish to reassure the State that I now am aware of the necessity for annual registration. If you would be so kind as to waive the reinstatement fee, I would be deeply appreciative. I have enclosed my check in the amount of \$300.00 to cover the last two years of registration.

I thank you in advance for your understanding.

Sincerely,

Briceida F. Schroeder