

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 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096300

1. Corporation Name

CHIC PHYSIQUES, INC.

Principal Place of Business

Mailing Address

700 BAYSHORE DR. #18
FORT LAUDERDALE FL 33304

700 BAYSHORE DR. #18
FORT LAUDERDALE FL 33304

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2002

5. FEI Number

16-1630085

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
PSTD	MURRY, SHERALYN L	700 BAYSHORE DR. #18	FORT LAUDERDALE FL 33304

100023768451

10/13/03--01108--002 **150.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PYE, THOMAS G ESQ
408 W. UNIVERSITY AVENUE SUITE 108B
GAINESVILLE FL 32601

Name

Murray, Sheralyn L.

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

700 Bayshore Dr #18

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

Sheralyn L. Murray
REGISTERED AGENT MUST SIGN

Date 10/9/2003

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:

Sheralyn L. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003
Date

Daytime Phone #

CR2ED40 (7/03)

MADISON C.P.A., P.A.

Post Office Box 11012
Fort Lauderdale, FL 33339

Certified Public Accountant

2701 East Oakland Park Boulevard, Suite C
Fort Lauderdale, FL 33306
Phone (954) 561-8959
Fax (954) 561-8190

October 9, 2003

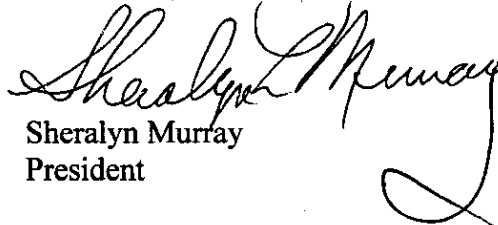
Florida Department of State
Division of Corporations

Re: Chic Physiques, Inc.
P02000096300
FEIN 16-1630085

This letter is to request reinstatement of the above named corporation. We also request that all penalties be waived as the original UBR forms were never received. Your help in this matter is greatly appreciated.

If you have any further questions, please call my Certified Public Accountant and ask to speak to Cindy Hodges. Their number is listed above.

Thank You,


Sheralyn Murray
President