

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108331

1. Corporation Name

SEXY IN THE CITY CO.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8501 CRESPI BLVD.

3. Mailing Office Address
8501 CRESPI BLVD.

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
3

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33141

Country

Zip
33141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-08-2002

5. FEI Number
04-3716039

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
SHAWN HAWES

Street Address (P.O. Box Number is Not Acceptable)
8501 CRESPI BLVD.

Suite, Apt. #, Etc.
3

City
MIAMI BEACH

State
FL

Zip Code
33141

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Shawn Hawes

Date

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/D	REESHA ALLI	8501 CRESPI BLVD. # 3	MIAMI BEACH, FL 33141
V/D	SHAWN HAWES	8501 CRESPI BLVD. # 3	MIAMI BEACH, FL 33141

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01/15/08--01040--018 **750.00

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:

Shawn Hawes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #