

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 3000099454

1. Corporation Name
majestic boutique inc.

2. Principal Office Address
3965 Jog road

Suite, Apt. #, etc.

City & State
Greenacres Florida

Zip
33467

Country
US

3. Mailing Office Address
11212 Cobblefield Raod

Suite, Apt. #, etc.

City & State
Wellington Florida

Zip
33467

Country
US

REINSTATEMENT 04-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 09/05/2003

5. FEI Number
200201913

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
Gerald Jean-Jacques

Street Address (P.O. Box Number is Not Acceptable)
11212 Cobblefield Raod

Suite, Apt. #, Etc.

City
Wellington

State
FL

Zip Code
33467

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/06/05

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	Gerald Jean-Jacques	11212 Cobblefield Raod	Wellington, FL 33467
VP	Isabelle Jean-Jacques	11212 Cobblefield Raod	Wellington, FL 33467

800044632898

01/12/05 01046-020 *300.

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/06/05

Daytime Phone #

CR2E081 (01/05)

292

Majestic Boutique
3965 JOG ROAD
GREENACRES FLORIDA 33467

January 7, 2005

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

To Whom It May Concern:

Please be advised that I never received a renewal notice for the corporation. As I was made aware recently, I am now sending my renewal application and payment.

If you need any further information, please contact us at the address above or by phone at 561-433-0650, by fax at 561-641-3511 or by e-mail at majesticboutique1@hotmail.com

Sincerely,


GERALD Jean-Jacques