

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 MAY 13 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 903000114372  
1. Corporation Name  
Emilee's Closet Consignment, Inc

**REINSTATEMENT** 08-10

400170161104  
05/04/10--01055--014 \*\*150.00

400170161104  
02/23/10--01002--016 \*\*300.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <u>4430 Hwy 90</u>		3. Mailing Office Address <u>4430 Hwy 90</u>	
Suite, Apt. #, etc. <u>UNIT F</u>		Suite, Apt. #, etc. <u>UNIT F</u>	
City & State <u>PACE FL</u>		City & State <u>PACE FL</u>	
Zip <u>32571</u>	Country <u>US</u>	Zip <u>32571</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida  
10/10/2003

5. FEI Number  
571189355

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 <u>TERI WILLIAMS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4430 Hwy 90</u>	
Suite, Apt. #, Etc. <u>UNIT F</u>	
City <u>PACE</u>	State <u>FL</u>
Zip Code <u>32571</u>	

PROFIT CORPORATIONS ONLY  
☒ The \$600.00 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 Teri Williams Date 4/29/10  
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	Teri Williams	4430 Hwy 90	Pace FL 32571

10. E-mail Address: Teriwill@aol

(To be used for future annual report notification)

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. I further certify, 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: Teri Williams TERI WILLIAMS Date 4/29/10 Daytime Phone # 850 994-7955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR