

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W27000034858

FILED

07 DEC 13 PM 2:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040984

1. Corporation Name

SECRETS OF CHARM, INC.

2. Principal Office Address - No P.O. Box #

666 GREENWICH ST.

Suite, Apt. #, etc.

APT. #820

City & State

NEW YORK, NY

Zip

10014

Country

USA

3. Mailing Office Address

666 Greenwich St.

Suite, Apt. #, etc.

#820

City & State

NEW YORK, NY

Zip

10014

Country

USA

**REINSTATEMENT 65-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/2004

5. FEI Number

86-1106374

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

STEVEN SILVERMAN

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

9500 S. DADELAND BLVD.

Suite, Apt. #, Etc.

#550

City

MIAMI,

State

FL

Zip Code

33156

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/16/07

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	ESTEE ELKAYAM	666 GREENWICH ST #820	NY, NY 10014
V	SHARON ELKAYAM	81 WASHINGTON ST #4C	Brooklyn, NY
T/S	RAPHAEL ELKAYAM	2132 FISHER ISLAND DR	Miami, FL 33109

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #