

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 22 AM 6:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072553

1. Corporation Name

George & George Coutures, Inc.

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

16851 NE 18<sup>th</sup> AVE

Suite, Apt. #, etc.

306

City & State

N.M.B., FL

Zip

33162

Country

U.S.A.

3. Mailing Office Address

16851 NE 18<sup>th</sup> AVE

Suite, Apt. #, etc.

306

City & State

N.M.B., FL

Zip

33162

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

5/4/2004

5. FEI Number

83-0393489

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

Melissa George

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

16851 NE 18<sup>th</sup> AVE #306

Suite, Apt. #, Etc.

306

City

N.M.B.

State

FL

Zip Code

33162

☒ 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.

900130067489

05/22/08 01006-012 \$8.75

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

Melissa George  
REGISTERED AGENT MUST SIGN

Date

5/16/08

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
PD	Melissa George	16851 NE 18 <sup>th</sup> AVE #306	N.M.B., FL / 33162
VPD	Andrea George	16851 NE 18 <sup>th</sup> AVE #306	N.M.B., FL / 33162
SD	Cassandra George	16851 NE 18 <sup>th</sup> AVE #306	N.M.B., FL / 33162

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:

Melissa George  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/08

Date

(305) 610-3362

Daytime Phone #

8. Mlched MAY 22 2008