

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112415896
11/19/07--01039--021 **\$608.75

CR2E081 (1/07)

DOCUMENT # P04000148113

1. Corporation Name

LAVENDER PRINCESS WEDDING CONSULTANT INC.

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

6175 NW 167 STREET

3. Mailing Office Address

6175 NW 167 STREET

Suite, Apt. #, etc.

G-2

Suite, Apt. #, etc.

G-2

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/2007

5. FEI Number

16-1710077

☒ 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
CHANTAL DANIEL

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

17412 SW 33 ST

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/14/2007

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	CHANTAL DANIEL	17412 SW 33 ST	MIRAMAR FL 33029

REINSTATEMENT

2005-07

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2007

Date

1-877-443-6768

Daytime Phone #