

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

POS000157318

1. Corporation Name

ELEGANCIA PERFUME INC.

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

3. Mailing Office Address

Suite, Apt. #, etc.

12361 NW, 12<sup>th</sup> St

Suite, Apt. #, etc.

12361 NW, 12<sup>th</sup> St

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

7. Name and Address of Current Registered Agent

Name

MOHSIN ABBAS.

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

12361 NW, 12<sup>th</sup> St.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33323

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

03-15-2010

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	MOHSIN ABBAS	12361 NW 12 <sup>th</sup> St.	PLANTATION - FL-33323

10. E-mail Address: KASHIF@ELEGANCEDISTRIBUTORS.NET.

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
10 MAR 17 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500172440425

03/17/10--01037--018 \*\*1350.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified  
To Do Business in Florida

2005.

5. FEI Number

20-3862983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

03/15/10 9545140801

3/18/10