

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000088401

1. Corporation Name

E & E ELEGANT VINTAGE INC.

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

113 NW 16th St

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

US

3. Mailing Office Address

113 NW 16th St

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

US

**7. Name and Address of Current Registered Agent**

Name

Linda Desena

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

113 NW 16th St

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/2006

5. FEI Number

☒ 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.

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

*Linda Desena*

REGISTERED AGENT MUST SIGN

Date 6/10/09

**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	Linda Desena	113 NW 16th St	Boca Raton FL 33432
		<i>JW/25</i>	

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

*Linda Desena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/09

Date

Daytime Phone #

FILED  
09 JUN 16 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000157289670  
06/16/09--01073--011 \*\*450.00

REINSTATEMENT 07-09  
CR2E081 (12/08)