

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY -4 PM 3 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000007762

1. Corporation Name

Please Be Sealed, Inc.

REINSTATEMENT 08-10

900180274599
05/04/10--01046--022 **450.00

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

3671 Eloise St.

Suite, Apt. #, etc.

3. Mailing Office Address

3671 Eloise St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

US

Zip

32205

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-2007

5. FEI Number

20-8244757

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 Brittany Romanello

Street Address (P.O. Box Number is Not Acceptable)
3671 Eloise Street

Suite, Apt. #, Etc.

City Jacksonville

State FL

Zip Code 32205

PROFIT CORPORATIONS ONLY
☒ The \$600.00 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

Brittany Romanello
REGISTERED AGENT MUST SIGN

Date

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	Brittany Romanello	3671 Eloise Street	Jacksonville, FL 32205

10. E-mail Address:

(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:

Brittany Romanello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10

Date

904-733-4547

Daytime Phone #