

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 10 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000039202**

1. Corporation Name

Suite Life Magazine, Inc.

REINSTATEMENT 09-11

000202594530
04/19/11--01018--020 **450.00

CR2E081 (11/10)

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

8192 College Pkwy

3. Mailing Office Address

8192 College Pkwy

Suite, Apt. #, etc.

B53

Suite, Apt. #, etc.

B53

City & State

Fort Myers, FL

City & State

Fort Myers

Zip

33919

Country

Zip

33919

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/08

5. FEI Number

26-2514680

☐ 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

Mary L Chiappetta

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

8192 College Pkwy

Suite, Apt. #, Etc.

B-53

City

Fort Myers

State

FL

Zip Code

33919

000202594530
05/09/11--01056--010 **500.00

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

Mary Louise Chiappetta

REGISTERED AGENT MUST SIGN

Date

4/7/2011

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	Mary L Chiappetta	8192 College Pkwy, #B53	Fort Myers, FL 33919

\$5110

10. E-mail Address: suitelifem@aol.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mary Louise Chiappetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/2011

Daytime Phone #

239.481.7775