PLEASE READ ALL INSTRUCTIONS RECORD COMPLETING THIS CODA

CORPORATION REINSTATEMENT DOCUMENT # P17000 1. Corporation Name Envy Me Corp.	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2021 HAR 29 AH 9: 28 SECRETARY OF STATE TALLAHASSEE, FL
2. Principal Office Address - No P.O Box # 1009 CIRCA PINEBLY Suite, Apt #, etc H Z City & State WEST PAIM Beach FL Zip 33409 Country USA	3. Mailing Office Address 1009 Crainpine Bluid! Suite, Apt #, etc. H2 City & State West pail Pacall Flance Zip Country 33409 USI	CR2E031 (11/10) 4. Date Incorporated or Qualified To Do Business in Flonda 1 / 07 / 2017 5. FEI Number
7. Name and Address of Current Registered Agent Name Daphnee Ability of Street Accress (P.O Box Number is Not Acceptable) 1009 Green Pine Blud Suite Apt #, Etc. H2 City Cit		
8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligate Signature of Registered Agent 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 for Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Daphnee Abel	ard 1009 Green Pine	Bird Hz West Palm Beach
	18-31	
	Palace W. g. mail - Co	MAY 20 2021 D CUSHING

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 path; if arrawave that false information submitted in a document to the Department of State constitutes a third degree felow as provided for in \$ 817,155, F.S. SIGNATURE: 8/202/ Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(To be used for future annual report notification)