


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2004-2006		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN -3 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700052202177 12/15/05--01048--002 ***450.00 REINSTATEMENT 04-05 CR2E081 (8/05)	
DOCUMENT # P34209					
1. Corporation Name MON PETIT CHOW OF AMELIA ISLAND INC PALMETTO WALK 4856 FIRST COAST HWY AMELIA ISLAND FL 32034-5413					
2. Principal Office Address SAME Suite, Apt. #, etc. City & State Zip Country NASSAU			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		
4. Date Incorporated or Qualified To Do Business in Florida 6/6/91			5. FEI Number 58-3070985 Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name SUSAN WATSON Street Address (P.O. Box Number is Not Acceptable) SAME AS I Suite, Apt. #, Etc. City State FL Zip Code					
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 _____ Date _____ REGISTERED AGENT MUST SIGN					
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		
PRES	SUSAN WATSON	SAME as I	SAME as I		
VP					
SEC					
TRES					
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 under section 119.07(3)(f), 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: X Susan Watson		12/13/05 770-451-1664 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Mon Petit Chou of Amelia Island, Inc.
4856 First Coast Hwy.
Amelia Island, FL 32034

December 9, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please consider an abatement of your reinstatement fee of \$600 for the following reasons.

- 1) There was an address change. The new address is 4856 First Coast Hwy., Amelia Island, FL 32034.
- 2) There was a change in management. They did not understand the necessity of forwarding official documents, causing the Corporation to be placed in arrears.
- 3) It would be a hardship to pay this fee due to a decrease in business as a result of the recent hurricanes.

Sincerely,

A handwritten signature in black ink that reads "Susan Watson". The signature is written in a cursive, flowing style.

Susan Watson, Owner