

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002020**

1. Corporation Name

**MARIA JUNG COUTURIER, INC.**

Principal Place of Business

Mailing Address

370 MIRACLE MILE  
CORAL GABLES FL 33134  
US

370 MIRACLE MILE  
CORAL GABLES FL 33134  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1992

5. FEI Number

65-0377262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	JUNG, MARIA	370 MIRACLE MILE	CORAL GABLES FL 33134

600024896436  
11/21/03--01004--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAVELLANA, TY:CPA  
1250 E. HALLANDALE BEACH BLVD.  
SUITE 405  
HALLANDALE BEACH FL 33009

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Jy Javellana*

REGISTERED AGENT MUST SIGN

Date

11/5/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03 385-461-2090  
Date Daytime Phone #

CR2E040 (7/03)

# MARIA JUNG COUTURIER, INC.

November 7, 2003

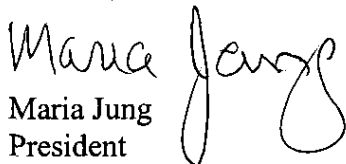
Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Maria Jung Couturier, Inc.**

Dear Sirs:

Pursuant to your instructions, I am hereby stating that I did not receive the two prior uniform business report notices. Accordingly, I am respectfully requesting that my corporation referenced above be reinstated without assessing a penalty. Please find enclosed the signed application for reinstatement and \$150.00 check. Please call me at 305-461-2090 if you have any questions.

Sincerely,

  
Maria Jung  
President

11/07/03  
11/07/03

370 Miracle Mile, Coral Gables, FL 33134