### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Kathering Harris

Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # P93000031396

1. Corporation Name

## THE WRITE BOUTIQUE, INC.

Principal Place of Business

Mailing Address

1849 NE MIAMI GARDENS DR

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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2	noipai omos i	ida da d	O. INCH MIGH	ing Office Address,	ii Applicable	To Do Busi	orated or Qualified ness in Florida	
Suite, Apt. #, etc. Suite, Apt. i		Suite, Apt. #	f, etc.		04/27/1993			
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City & State City & St		City & State	e		65-0407140		Not Applicable	
Zip		Country	Zip	Coul	ntry	1	E OF STATUS DESIRED [ 33.75]	Additional Represquired a Conflicte of Status; \
7. Names	and Street Ad	dresses of Each Officer and	I/or Director (Flo	rida nonprofit corpo	orations must list at le	ast 3 directors)		
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
DPT	ZUCKERM	ERMAN, SHELLIE		HST - AVE	HAD SUMMY TO SO REACH G. 33160		ACH G. 3140	
DVS	VS GOLDMAN, JOANN		21150 POINT PL STE 806			SUNNY ISLES BEACH, FLISTED AVENTURA, FL 33180		
	9 Nam	o and Address of Current	Pogletaved App			6/19/0 5/24	90 90006 01 90033	010 012 0150
8. Name and Address of Current Registered Agent			Name	9. Name and Address of New Registered Agent				
ZUCKI <del>2000</del> NORTI	ERMAN, SHI NE 205TH S H MIAMI-BE	ELLIE + 19390 Colo <del>ACHTE 33170</del> SUNA	ins Aug TSLE	e tro s Béach, 1 3316	Street Address (		is Not Acceptable)  101051815 -04/02/0201  ****150 @e	511-5 017-019 \$\pi\text{9:print}\$
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Signature or Registered	f	Jhillu Zh	TURE	ENT MUST SIGN	WIRED	poligations of Sect	Date <u>+ 1 2 4 6</u>	
11 Loortify	that I am an a	ffigur or director or the rose	livar ar tauntaa an	anamarad ta awaam		والمراجعة الممالية المساورة	-4 CO7 C17 F O 164	air dhea hee ri

eceiver 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.

NA Constitut freso. Daytime Phone #

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### **MARTIN H. ALMAN**

⊷∕ACCÔUNTANT 17**∂∳**0N.E. 19th Avenue

1736 N.E. 19th Avenue North Miami Beach, Florida 33162

(305) 944-5353

Enrolled to Practice Before the Internal Revenue Service Member 
 National Society of Public Accountants

February 23, 2002

State of Florida Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, FL 32314-6327

re: The Write Boutique, Inc. P93000031396

#### Gentlemen:

I am the accountant for the above captioned corporation.

Due to a problem in receiving the Corporation annual report for the year 2000, the form and the check were sent in and the check was accepted. We were of the understanding that the form was accepted.

The following year, the corporation did not receive a form, so we used a blank form and sent it in with a check for \$150.00. That check was also accepted by the Department of State. At that point we thought that the corporation was in good standing. We have since found out by accessing SUNBIZ.ORG, that the corporation was inactive.

I am enclosing a reinstatement form and a check for \$150.00 as I was instructed to do do when I called your department last week. I would appreciate it if the corporation were reinstated.

Very tru<u>ly</u> yours,

Martin H. Alman