

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000066689

1. Corporation Name

COSTUME ETC. INC.

WU2000032993

2. Principal Office Address

1816 N. Dixie Hwy.

Suite, Apt. #, etc.

A4

City & State

Ft. LAUD FL.

Zip

33305

Country

Broward

3. Mailing Office Address

615 N.E. 13 AVE

Suite, Apt. #, etc.

City & State

Ft. LAUD FL.

Zip

33304

Country

Broward

000008935780

12/18/02--01037--007 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 20, 1993

5. FEI Number

65-0440691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Keith Chiaverini

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

615 N.E. 13 AVE

Suite, Apt. #, Etc.

City

Ft. LAUD.

State

FL

Zip Code

33304

000008935780

11/12/02--01074--024 **150.00

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

Keith Chiaverini

Date 11/5/02

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	Keith Chiaverini	615 N.E. 13 AVE	Ft. LAUD FL 33304

00-02 UBR

PL 12/10

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)(l), 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:

Keith Chiaverini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/02

Date

954-229-0410

Daytime Phone #

Psyced



CORPORATE EVENTS ♦ FILM PRODUCTION ♦ COMMERCIAL PRODUCTION

11/05/02

Department of State,

Forms To renew Corporation were mailed To
2645 E Sunrise Blvd Ft Lauderdale FL 33304 in the year 2000.
Building was torn down in 1998 when we moved and never received
Renewal Forms Please Mail all forms TO-615 N.E. 13. AVE.
Ft Lauderdale FL 33304. IF you need any additional information
Please Call 954-229-0410 or MAIL TO 615 N.E. 13 AVE Ft Lauderdale FL 33304

Thank You
Keith E
Keith Chiaverini