PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077233

1. Corporation Name
Christopher's Too Inc.

2001-2003
LBR

2. Principal Office Address	3. Mailing Office Address
5850 W. Atlantic Ave	2111 No. 32 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, Fl.	City & State: Hollywood, Fl.
Zip: 33484 Country: Palm Bch.	Zip: 33021 Country: Broward

01-03

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1993

5. FEI Number 650452010 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Samuel E. Cope

Street Address (P.O. Box Number is Not Acceptable): 2111 No 32 Ave

800016127068
04/16/03--01071--011 **450.00

Suite, Apt. #, Etc.

City: Hollywood | State: FL | Zip Code: 33021

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: [signature] REGISTERED AGENT MUST SIGN Date: 4-28-03

CR2E081 (10/02)

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	Samuel Eugene Cope	2111 N 32AVE	Hollywood Fl 33021

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)(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] 4-12-03 954-961-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B

Christopher's Too Inc
Samuel E. Cope
2111 No 32 Avenue
Hollywood, Fl 33021

Florida Department of State
Corporation Reinstatement
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

April 15, 2003

To Whom It May Concern:

This is to notify you that Christopher's Too Inc. never received notification of Corporate renewal for 2001, or 2002. The way I was informed was through my accountant while doing 2002 taxes. After talking to your office and notifiying them of this non-notification, I was told to write a letter and to enclose $450.00 for reinstatement of said corporation.

Sincerely,

Samuel E. Cope
Christopher's Too Inc.