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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
DO NOT WRITE IN THIS SPACE

1998 JAN 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P93-000082901

Elite Fashion Care, Inc.
501 N. Magnolia Avenue, Suite A
Orlanod, FL 32801

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 849 S. Orlando Avenue

City and State / Zip Code: Winter Park, FL 32789

3. If Principle Office Address is different from mailing address, enter address below:

Address:

City and State / Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
11/23/1993	59-3213055	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City State / Zip
President	Brown, Trebor	849 S. Orlando Avenue	Winter Park, FL 32789

700002415297--0
-01/28/98--01108--015
****750.00 ****750.00

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Steven Michael LaBret
501 N. Magnolia Avenue, Ste. A
Orlando, FL 32801

9. If changed, new registered agent / office

Name: Steven Michael LaBret

Street Address (Do NOT Use P.O. Box Number): 226 Hillcrest Street

Street Address (Do NOT Use P.O. Box Number): Orlando, Florida

City: 32801 FL

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.

Signature of Registered Agent: _____ Date: 12/8/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.