

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

As You Like It, Inc. P94000025574

2. Principal Office Address

323 Page Bacon Road

3. Mailing Office Address

323 Page Bacon Road

Suite, Apt. #, etc.

Unit 1

Suite, Apt. #, etc.

Unit 1

City & State

Mary Esther, Florida

City & State

Mary Esther, Florida

Zip

32569

Country

USA

Zip

32569

Country

USA

200060298032
03/09/06--01037--022 **150.00
10-06-05 01035 001 \$ 1050.00
REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

March 30, 1994

5. FEI Number

59-3235571

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

Daniel C. Perri

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

4 Eleventh Avenue

Suite, Apt. #, Etc.

Suite One

City

Shalimar

State

FL

Zip Code

32579

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]

Date

1-25-2006

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
D/P	Jennifer Perlman	323 Page Bacon Road, Unit 1	Mary Esther, Florida 32569
D/V	Miguel Caraballo	323 Page Bacon Road, Unit 1	Mary Esther, Florida 32569
D/S/T	Brenda Caraballo	323 Page Bacon Road, Unit 1	Mary Esther, Florida 32569

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/06

(850) 664-2954

Daytime Phone #

B. Mitchell MAR 1 2006