PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
97 DEC 17 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065294

1. Corporation Name

YOU GOT "THE LOOK", INC.

Principal Place of Business	Mailing Address
11757 BEACH BLVD., NO. 4 JACKSONVILLE FL 32246	11757 BEACH BLVD., NO. 4 JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/1994

5. FEI Number: 59-3269555 ☐ Applied For ☐ Not Applicable

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

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
D	LORENTZATOS, CINDY	11757 BEACH BLVD., NO. 4	JACKSONVILLE FL 32246
P	LORENTZATOS, JERRY	11757 BEACH BLVD NO 4	JACKSONVILLE FL

900003878009--2
-12/19/97--01085--019
****165.00 ****165.00

8. Name and Address of Current Registered Agent

LORENTZATOS, CINDY
11757 BEACH BLVD., NO. 4
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/97)

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: Cynthia Lorentzatos — REGISTERED AGENT MUST SIGN
Date: 12-16-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐

(See other side for information on intangible tax.)

12. 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: Cynthia Lorentzatos — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12-16-97
Daytime Phone #: 904-645-7001

(1)

12/16/97
1:08 p.m

Dept. of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

Doc#P94000065294

To Whom it May Concern:

Please be advised that You "Got The Look" Inc. @
11757 Beach Blvd St. #4
Jacksonville, Fl. 32246
contacted the Dept. of State 12/16/97 due to not having received our Dept. of State Reimbursement forms. You "Got The Look" Inc. has been experiencing difficulty with receiving mail thru the course of the year due to frequent changes in Postmen.

We would like to take this opportunity to Airbourne our $165.00 payment for You "Got The Look" Inc., Doc#P94000065294 on this 16th day of December 1997, as per prior conversation with Dept. of State today 12/16/97.

For any further information please feel free to contact me Mrs. Cynthia Lorentzakos @ (904) 645-7601 (Owner). Your posting of this payment (ASAP) would be greatly appreciated.

Sincerely
Cynthia Lorentzakos