

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 29 PM 3:27

DOCUMENT # P94000081365

1. Entity Name
ROSLYN'S SPECIAL WOMAN BOUTIQUE, INC.



Principal Place of Business
BRAS PLUS
4992 N UNIVERSITY DR
LAUDERHILL, FL 33351-4508

Mailing Address
BRAS PLUS
4992 N UNIVERSITY DR
LAUDERHILL, FL 33351-4508

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

-65-0529909

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHINDEL, ROSLYN
12000 SW 13 ST
#214
PENSACOLA, FL 33307

116 SEVILLE

DELRAY BEACH, FL
33446

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
SCHINDEL, ROSLYN
116 SEVILLE-D
DELRAY BEACH, FL 33446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500069962555
04/10/06--01064--012 **900.00

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
VTD
SCHINDEL, MAX
116 SEVILLE-D
DELRAY BEACH, FL 33446

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CITY - ST - ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roslyn Schindel

3/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSLYN SCHINDEL