

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 11 AM 8:07

DOCUMENT #

1. Corporation Name

Reinstated yr 2003  
up to

P94000084775

2. Principal Office Address

120 S. Olive Ave

Suite, Apt. #, etc.

# 302

City & State

West Palm Beach FL

Zip

33401

Country

U.S.A.

3. Mailing Office Address

1163 Seabreeze Ave

Suite, Apt. #, etc.

N/A

City & State

Palm Beach, Florida

Zip

33480

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/94

5. FEI Number

650545123

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

Susan Lutz

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

1163 Seabreeze Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

9/14/08

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
Pres	Susan Lutz	1163 Seabreeze Ave	Palm Beach, FL 33480

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Susan Lutz

Date

9/14/08

Daytime Phone #

(561) 833-8282

CR2E081 (9/01)