

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 16 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000024149**

1. Corporation Name

LETS FACE IT U.S.A. INC.

Principal Place of Business

Mailing Address

3016 ANADALE CIRCLE
BRANDON FL 33511

3016 ANADALE CIRCLE
BRANDON FL 33511

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

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida	03/27/1995
5. FEI Number	59-3304790-000-000 <i>ES</i>
	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
PD	RUIZ, RAYMOND A	3016 ANADALE CIRCLE	BRANDON FL 33511
VPT	SICHEL, TREVOR	5175C COQUINA KEY DRIVE	ST. PETERSBURG FL 33705
SD	RUIZ, SHERRI L	3016 ANADALE CIRCLE	BRANDON FL 33511

600002032926--8
-12/18/96--01101--008
***375.00 ***375.00

JB 12-17-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, RAYMOND A
3016 ANADALE CIRCLE
BRANDON FL 33511

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

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96

Date

Daytime Phone #