

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000039797**

1. Corporation Name

LOVELY LADY, INC.

Principal Place of Business

**3003 E 11TH CT
PANAMA CITY FL 32401**

Mailing Address

**3003 E 11TH CT
PANAMA CITY FL 32401**

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

05/18/1995

5. FEI Number

59-3329981

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	4 City / State / Zip
D	NGUYEN, PHU STEVE	3003 E 11TH CT	PANAMA CITY FL 32401

8000009022808
11/15/02--01058--007 **750.00

8. Name and Address of Current Registered Agent

**NGUYEN, PHU STEVE
3003 E 11TH CT
PANAMA CITY FL 32401**

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/26/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/02

Daytime Phone #

Lovely Lady, Inc
3003 E 11th Court
Panama City, FL 32401

January 13, 2002

Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

RE: REINSTATE CORPORATION

Dear Sir or Madam:

In the year 2002, I did not receive a corporation renewal form. Is there any way you can waive the charges for me. And please refund \$450.00 for the amount I have paid are \$750.00. And please reinstate my corporation for me. Thank you so much.

Sincerely,



Phu Steve Nguyen
President