

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 FEB 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000078341

1. Corporation Name
CASUAL ELEGANCE INCORPORATED

Principal Place of Business	Mailing Address
4530 N. Hiatus Road Suite 102 Sunrise, FL 33351	4530 N. Hiatus Road Suite 102 Sunrise, FL 33351

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

2. New Principal Office Address, If Applicable SEE ABOVE		3. New Mailing Office Address, If Applicable SEE ABOVE		4. Date Incorporated or Qualified To Do Business in Florida 10-12-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0618063	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	John Logan	4530 N. Hiatus Rd., Suite 102	Sunrise, FL 33351
D	Bruce Heller	4530 N. Hiatus Rd., Suite 102	Sunrise, FL 33351

REINSTATEMENT

97-98
2/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
John Logan
Street Address (P.O. Box Number is Not Acceptable)
4530 N. Hiatus Road
Suite, Apt. #, Etc.
Suite 102
City
Sunrise State **FL** Zip Code **33351**

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

REGISTERED AGENT MUST SIGN

Date **2/10/98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/10/98** Daytime Phone # **954-747-4780**