| PLEASE HEAD | ALL INS HUC | ادن) IONS BEFO | RE COMPLET | ING THIS FORM. | |
|--|---|--|--|--------------------------------------|---|
| APPLICATION FLORIDA DEPARTMEN | | | | | |
| FOR REINSTATEMENT | | herine Harris retary of State | | Billyla di a | |
| Λ | DIVISION | OF CORPORATIONS | | | |
| DOCUMENT # 1 Corporation Name | 50000 9(4 | ,000 | | 99 NOV 29 PM 2: | 21. |
| FEKE COSMETIC | S MI | INC | | | · |
| Principal Place of Business | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 1455 NW 107 | Mailing Address | 16262 | cayoga Cir 2 17/9. 33/ | ck. | |
| # 182 | • | DAUI | 33/ | • • | |
| Hianu Fl. 33173. If above addresses are incorrect in any way, line thro | ugh incorrect informati | 170 AFC | Le Feke | | |
| 2 New Principal Office Address, If Applicable | 3 New Mailing Office | e Address II Applicable | 4. Date Incorp To Do Busi | porated or Qualified ness in Florida | 0/95 |
| Suite, Apr #, etc | Suite Apt. #, etc. | F/9. | 5. FEI Numbe | | Applied For |
| City & State Zip Country | City & State 3333/ | Brul | . 59- | 2246711 | Not Applicable Additional Fee required |
| | Zip | Country | | | ra Certificate of Status |
| 7 Names and Street Addresses of Each Officer and/or Name of Officers and/or Directors | or Director (Florida nor | Street Address Officer and/or | of Each | City / Stat | le / Zin |
| PD. BECK, J. Feke | | 3 (Do NOT Use Post Office Box Numbers) 4 | | | · · |
| DECKY O. PE | 14 | 262 Cay | juga Circl | 5 27076 | 11.0001 |
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| | | | 00 | \ TS | |
| | , as 2 miles | TERRENT | 90 | / 10 | |
| SEMSTATEM | | | 40 | 00030652 | 446 |
| • | | | | ****750.00 * | ***750.00 |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent Name | | |
| BECKY J.FEKE | | | | | |
| DAVIE F1. 33331 | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| Bear 1 Ears | | | City State Zip Code | | |
| 10 I, being appointed the registered agent of menabove named corporation, am familiar with any accept the c | | | | FL | |
| Signature of Registered Agent REG | SISTERED AGENT M | L Q L | Le. | Date | :/99 |
| 11. This corporation owes the clutangible Personal Propert | | ine 30. | Yes D No | (See other side on intangi | |
| 12. I certify that I am an officer or director or the receivithis reinstatement application, the reason for dissolowed by the corporation have been paid and the nition this application is true and accurate, and my sign | ution has been eliminal armes of individuals list nature shall have the s | ted, the corporate name a ed on this form do not qu | satisfies the requirements alify for an exemption und | of section 607.0401 or 617.040 | 1. F.S., that all fees |
| SIGNATURE: SIGNATURE AND TYPED OF PRIN | ch al | OFFICER OR DIRECTOR | 11/15 | <i></i> | 579 / 1585 |