

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM

09 DEC 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016629

1. Corporation Name

FABS Beachwear, Inc.

200163726072
12/17/09--01037--022 **1050.00

200163726072
12/17/09--01037--023 **8.75

REINSTATEMENT 02-09

2. Principal Office Address- No P.O. Box #

639 Lakota Lane

3. Mailing Office Address

P. O. Box 10070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jackson, WY

City & State

Jackson, WY

Zip

Country

83001

USA

Zip

Country

83002

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1996

5. FRI Number

58221775--

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

Jamie M. Avery

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

909 Mar Walt Drive

Suite, Apt. #, Etc.

1022

City

Fort Walton Beach

State

FL

Zip Code

32547

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/14/05

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
S/T	Philip Stevenson	639 Lakota Lane	Jackson, WY 83001
P	Elizabeth Stevenson	639 Lakota Lane	Jackson, WY 83001

10. E-mail Address: betsystemstevenson@aol.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.07.09

Daytime Phone#