

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

107

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Hesterine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 VBP

FILED

01 OCT 22 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017700

1. Corporation Name

TICKLE MY FANCY, INC.

Principal Place of Business

Mailing Address

~~1201 US HWY 1 STE 30~~
~~30~~
NORTH PALM BEACH FL 33408
US

100 PARADISE HARBOUR
SUITE 112
NORTH PALM BEACH FL 33408
US

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

02/23/1996

5. FEI Number

65-0680802

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEON, BARBARA M	410 FRANKLIN RD 100 Paradise Harbour Blvd, #2	WEST PALM BEACH FL NPB, FL

900004679559--8
-11/15/01--01002--013
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEON, BARBARA M
~~410 FRANKLIN ROAD~~
~~WEST PALM BEACH FL 33405~~

100 Paradise
Harbour Blvd, #2
NPB, FL 33408

Name

~~Same 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 561-8478682

To Division of Corp?

2002

Please note that I have been in the hospital due to cancer (operating on my left side head - that's why I am writing strange & speaking hesitantly).

I am enclosing \$150.00 as per the young lady on the telephone # 850-248-6059. She told me to explain my situation with you. If you need my data from the hospital, please let me know. I'll have it sent on fax to you.

Thank you,
Barbara M. Poon

10-18-01

PS: If you need any additional information
Please call 561-844-8682