

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029584

1. Corporation Name

TRACEY TOOKER, INC.

Principal Place of Business

313 1/2 WORTH AVE
PALM BEACH FL 33481

Mailing Address

313 1/2 WORTH AVE
PALM BEACH FL 33481

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

REINSTATEMENT

00-01

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0661109

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	TOOKER, TRACEY	18 MERCER ST	NEW YORK NY 10013

800003783608-9
-02/27/01--01127--006
****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~YENIFER LUCINDA~~ TRACEY TOOKER
313 1/2 WORTH AVE
PALM BEACH FL 33481

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 807.0505, F.S.

Signature of
Registered Agent

TRACEY TOOKER

REGISTERED AGENT MUST SIGN

Date

Feb 30, 2000

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 807 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 807.0401 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)(f), 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

TRACEY TOOKER

Date

Feb 30, 2000

Daytime Phone #