

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION  
FOR  
~~REINSTATEMENT~~

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

FILED

98 FEB 16 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 96000057027

1. Corporation Name

Totts Lejeune Inc.

Principal Place of Business

Mailing Address

4612 Lejeune Rd  
Conal Gables, FL  
33146

200002434432--5  
-02/18/98--01078--003  
\*\*\*315.00 \*\*\*315.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 650694778	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country		Country		Applied For Not Applicable	

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
1	2	3	4
President	Kenneth Klein	Unit 2012, 3530 Mystic Pt Dr.	Aventura, FL 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Kenneth Klein	
Street Address (P.O. Box Number is Not Acceptable) 3530 Mystic Point Dr	
Suite, Apt. #, Etc. Unit 2012	
City Aventura	State FL
Zip Code 33180	

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 X *Kenneth Klein*  
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Kenneth Klein, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98 (205)  
Date Daytime Phone # 663-0077

CR2040 (12/96)



January 30, 1998

To Whom It May Concern:

This letter is to inform you that our company Tutti's Lejuene Inc. was dissolved six month ago due to an address error. Consequently, we never received any notification that could let us aware of this problem. We request the reinstatement of our company without any penalties. Enclosed please find a check in the amount of \$315.00 to be applied to 1997 and 1998 fees. If you need further information related to this matter please don't hesitate to call.

Sincerely,

  
Elizabeth Sanchez  
Office Manager