

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093300

1. Corporation Name

FINE ENTERTAINMENT & ELEGANT AFFAIRS, INC.

Principal Place of Business

Mailing Address

600 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

600 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

Suite # 7

Suite # 7

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

11/14/1996

5. FEI Number

65-0703039

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCOTT, JUSTIN	7637 ALHAMBRA BLVD.	MIRAMAR FL 33023
			000025504570 12/15/03--01036--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUSTIN SCOTT S
~~SCOTT, JAGGUA~~
7637 ALHAMBRA BLVD.
MIRAMAR FL 33023

Name

JUSTIN SCOTT

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

7637 ALHAMBRA BLVD

Suite, Apt. #, Etc.

City

MIRAMAR FL

State

FL

Zip Code

33023

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. or 617.0505, F.S.

Signature of
Registered Agent

Justin Scott
REGISTERED AGENT MUST SIGN

Date 12/10/03

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:

Justin Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/03 - 934 4580229

FILED

03 DEC 15 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 83

CR2E040 (7/03)



HAVE YOUR

Elegant Affairs

AT

Avalon Place



TO WHOM IT MAY CONCERN - RE: ANNUAL BUSINESS REPORT

I didnt received the required FORMS
AS stated in your booklet --
Please find enclosed ck for \$150.00
FOR REINSTATEMENT FEE --

Yours

Justin Scott

668 W. HALLANDALE BEACH BOULEVARD, FLORIDA 33009 (5 BLOCKS EAST OF I-95)

PHONE 954-458-0229

FAX 954-458-1663

