

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
STATEMENT



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

FILED

00 JAN 31 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094582

PRINCESS HEADPIECE, CORP.

Place of Business
O. BOX 160388
AMT, FL 33116

Mailing Address
P.O. BOX 160388
MIAMI, FL 33116

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

Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/19/96	
Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0708522	
State		City & State		Applied For Not Applicable	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
	MARIA GUILLOTI		8500 SW 133th AVE. RD#106		MIAMI, FL 33183

8000003133358-8
02/11/00-01113-013
****450.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARIA GUILLOTI
8500 SW 133th AVE RD# 106
MIAMI, FL 33183

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 Agent _____ Date _____
REGISTERED AGENT MUST SIGN

This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.) KE

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 due 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: Maria Guillotti Maria Guillotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 01/28/00 Daytime Phone # (305) 460-2282

2

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

-I also state that I have not received any notice from the Division of Corporations in respect with the corporation **THE PRINCESS HEADPIECE, CORP.**

Thank you for your courtesy in this matter.

Maria Guillotti

MARIA GUILLOTTI
PRESIDENT