

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003274**

1. Corporation Name

L J C DESIGNER COLLECTION, INC.

Principal Place of Business

Mailing Address

4600 SW 54TH TERR
DAVIE FL 33314

4600 SW 54TH TERR
DAVIE FL 33314

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

LJC DESIGNER COLLECTION

LJC DESIGNER COLLECTION

Suite, Apt. #, etc.
5313 ORANGE DR

Suite, Apt. #, etc.
5313 ORANGE DR

City & State
DAVIE FL

City & State
DAVIE FL 33314

Zip
33314

Zip
33314

Country
BROWARD

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1997

5. FEI Number

65-0714836

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	CHAMBLISS, LORIE	4600 SW 54TH TERR	DAVIE FL 33314

000023920660

10/17/03 01093 004 **158.75

8. Name and Address of Current Registered Agent

CHAMBLISS, LORIE
4600 SW 54 TERR
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

LORIE CHAMBLISS

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

5313 ORANGE DR

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Lorie Chambliss

REGISTERED AGENT MUST SIGN

Date **10-15-03**

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:

Lorie Chambliss **Lorie Chambliss Pres.** **10-15-03** **954316070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

October 15th, 2003

Florida Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Reference: Attached Application for Corporation Renewal for:
LJC Designer Collection Inc.

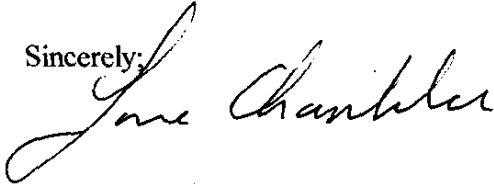
To Whom It May Concern:

Attached is application for Corporation Renewal pertaining to the above-sited corporation.

It is here in requested that this application be excepted as being filed timely. The attached check for \$ \$ 158.75 to be applied to that fee, and also the fee for certificate of status.

The application was not received by this company until prompted by our recent telephone call to the State. We relocated twice during 2002. It is believed that the notice sent by the State Department was not forwarded to our new address. It is herein requested that your penalty and additional fee be waved. If the form had been received it would have been returned and the fees would have been paid as required.

Sincerely:



Lorie Chambliss
President
LJC Designer Collection Inc.
5313 Orange Drive Davie, FL 33314
954 316-0303

Two Enclosures:
as

Lorie Chambliss
DESIGNS



Please make note that
we did not receive
the annual report.

Please accept this
check.

Thank you.
