

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 # **P97000005529**

1. Corporation Name

PREMIER BRIDE OF MIAMI, INC.

Principal Place of Business

**6423 COLLINS AVENUE
206
MIAMI BEACH FL 33141**

Mailing Address

**6423 COLLINS AVENUE
206
MIAMI BEACH FL 33141**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1997

5. FEI Number

65-0716822

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SAND, LILY	6423 COLLINS AVENUE, #206	MIAMI BEACH FL 33141
D	SAND, GILBERT	6423 COLLINS AVENUE, #206	MIAMI BEACH FL 33141

000023670330

10/17/03--01022--001 **150.00

8. Name and Address of Current Registered Agent

**SAND, GILBERT
6423 COLLINS AVENUE
206
MIAMI BEACH FL 33141**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/10/03**

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:

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

Date

Daytime Phone #

10/19/03 205-861-6653

**SMALL BUSINESS ACCOUNTING SERVICES
OF SOUTH FLORIDA**

5775 Collins Ave, #709
Miami Beach, FL 33140
Tel: 305-861-6653
Fax: 305-861-4969

October 11, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Premier Bride of Miami, Inc.
FEI# 65-0716822
2003 Uniform Business Report

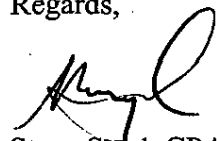
To Whom It May Concern:

We are in receipt of your notice of administrative dissolution. Enclosed please find our application for reinstatement along with a check in the amount of \$150. Due to illness in their family, my client's have been out of town and had their mail forwarded. They did not receive the first or second notice.

I called to inquire and was told that this reason would allow us a one-time abatement of the additional fees to reinstate.

Please feel free to contact me at the number above if you have further questions. Otherwise, I will advise my client to await your response. Thanking you in advance for your assistance.

Regards,



Stacy Sand, CPA