

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

99 JAN 19 PM 3:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000016991**

1. Corporation Name

**FLEUR, FARAH CLINIQUE, INC.**

Principal Place of Business

327 PLAZA REAL  
 SUITE 309  
 BOCA RATON FL 33432

Mailing Address

327 PLAZA REAL  
 SUITE 309  
 BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

**401 N.E. MIZNER BLVD.**

Suite, Apt. #, etc.

**# 807**

City & State **BOCA RATON, FL.**

Zip **33432**

Country **U.S.A.**

3. New Mailing Office Address, If Applicable

**401 N.E. MIZNER BLVD.**

Suite, Apt. #, etc.

**# 807**

City & State **BOCA RATON, FL.**

Zip **33432**

Country **U.S.A.**

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**02/21/1997**

5. FEI Number

**65-0730509**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT:	FLEUR FARAH	401, N.E. MIZNER BLVD. #807, BOCA RATON, FL.	33432
			400002751904--6
			-01/22/99--01098--005
			****750.00 ****750.00
			400002751904--6
			-01/22/99--01098--006
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.  
 888 S.E. THIRD AVENUE  
 SUITE 400  
 FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name **FLEUR FARAH**  
 Street Address (P.O. Box Number is Not Acceptable) **401, N.E. MIZNER BLVD.**  
 Suite, Apt. #, Etc. **# 807**  
 City **BOCA RATON** State **FL** Zip Code **33432**

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

**SIGNATURE REQUIRED**

Date **Dec. 22, 98**

REGISTERED AGENT MUST SIGN

11. 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.)

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

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

Date **Dec 22-98**  
 Daytime Phone # **561-392-4565**

CR2040 (9/93)