

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



99 AR
FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039549

1. Corporation Name

SHEILA A TOUCH OF ELEGANCE, INC.)

Principal Place of Business

Mailing Address

9269 LEM TURNER ROAD
JACKSONVILLE FL 32208-2272

9269 LEM TURNER ROAD
JACKSONVILLE FL 32208-2272

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

05/01/1997

5. FEI Number

59-3435546

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	EDWARDS, SHEILA	9269 LEM TURNER ROAD	JACKSONVILLE FL 32208

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, SHEILA
9269 LEM TURNER ROAD
JACKSONVILLE FL 32208-2272

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.

Signature of
Registered Agent

Sheila Edwards
REGISTERED AGENT MUST SIGN

Date 10-26-99

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: Sheila Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-99 904-764-8899
Date Daytime Phone #

FILED

99 DEC 10 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7/16/99 90017 CHZ \$150.00

TS

CR2E040 (8/99)

Oct 26, 1999

A Touch of Elegance, Inc.
Sheila Edwards owner,
9269 Lem Turner Road.
Jax, FL 32208

2

To Whom it may concern:

Please be advise That all this
information was sent to you in July
along with \$150.00 Check. All information
is correct.

If you need to talk to me Concern
More information, I can be reach at
904-764-488 home 904-766-1700 wk or 904-955-3322
Cell

Thank you,
Sheila Edwards