

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 20 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000081119**

1. Corporation Name

TREAT BOUTIQUE BRICKELL, INC.

2. Principal Office Address

300 SW 1st AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

Zip

33301

Country

BROWARD

3. Mailing Office Address

300 SW 1st AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

Zip

33301

Country

BROWARD

REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-008102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL KARP

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

300 SW 1st AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

400003514624

12/27/00 01071 004

******750.00 ****750.00**

State
FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-27-00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MICHAEL KARP	300 SW 1st AVE	FT LAUDERDALE FL 33301

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-27-00

Daytime Phone #

KE