

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000082206

1. Corporation Name

DEVIL WOMAN, INC.

Principal Place of Business

Mailing Address

5540 FOX HOLLOW DRIVE  
BOCA RATON FL 33486

5540 FOX HOLLOW DRIVE  
BOCA RATON FL 33486

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

09/22/1997

5. FEI Number

105-0784086

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
1	2	3	4
D	BADACH, FRANK J	5540 FOX HOLLOW DRIVE	BOCA RATON FL 33486

600002638086-6  
-11/30/98-01131-004  
\*\*\*550.00 \*\*\*550.00

8. Name and Address of Current Registered Agent

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.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/17/98

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

Daytime Phone #

11/17/98 561-361-9800

FILED

98 NOV 23 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (9/98)

(2)

**LAW OFFICES OF ARTHUR C. KOSKI, P.A.**

ATTORNEYS AT LAW

EUROBANK BUILDING, STE. 200

568 YAMATO ROAD

BOCA RATON, FL 33431

FRANK J. BADACH, P.A.

TELEPHONE (561) 362-9800

TELECOPIER (561) 362-9870

**CERTIFIED MAIL- P710617442**

November 18, 1998

Annual Report/Reinstatement Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Annual Report/Reinstatement Section

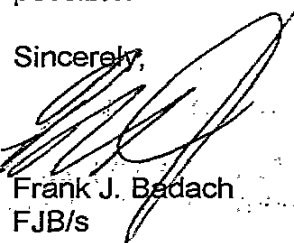
Dear Sir or Madam:

Pursuant to my phone conversation with your office of Monday, November 16, 1998, I am enclosing herewith the following documents:

1. Completed Application for Reinstatement;
2. One (1) copy of 1998 Annual Report;
3. One (1) copy of check dated September 18, 1998, which was sent with the copy of the Annual Report, but which was apparently not received by your office.
4. Replacement check in the amount of \$550.00.

I would ask, pursuant to our phone conversation, that you waive the reinstatement fees and accept for filing the Annual Report, and reverse the Order dissolving the corporation and reinstate Devil Woman, Inc. as soon as possible.

Sincerely,



Frank J. Badach  
FJB/s  
Encl.