

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 # **P97000087376**

1. Corporation Name

TOTAL LOOK, INC.

Principal Place of Business

6901 W OKEECHOBEE BLVD.
SUITE D-13
WEST PALM BEACH FL 33411

Mailing Address

12106 67TH ST N
WEST PALM BEACH FL 33412

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

10/08/1997

5. FEI Number

65-0787849

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
PTD	ZAMBORY, JAY	12106 67TH ST N	WEST PALM BEACH FL 33412
VSD	ZAMBORY, CANDICE	12106 67TH ST N	WEST PALM BEACH FL 33412

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAMBORY, JAY
12106 67TH ST N
WEST PALM BEACH FL 33412

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

Jay Zambory

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Jay Zambory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

CR2E040 (7/03)

PREPARED BY	
DATE	

Division of Corporations

I have not received
an annual report form and this
application for reinstatement is the
first. Sorry for any inconvenience

Thanks

Jay Yandley