

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 14 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094041

1. Corporation Name

FOILED AGAIN, INC.

AR

Principal Place of Business

Mailing Address

2715 N. HARBOR CITY BLVD., SUITE #11
MELBOURNE FL 32935

2715 N. HARBOR CITY BLVD., SUITE #11
MELBOURNE FL 32935



REINSTATEMENT 2003 WOF

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

2. New Principal Office Address, If Applicable
1586 Highland Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3201 Pineapple Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1997

5. FEI Number

59-3480972

Applied For

Not Applicable

City & State
Melbourne Florida
Zip
32935
Country
Brevard

City & State
Melbourne Florida
Zip
32935
Country
Brevard

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 |
|---------------|---|--|---|
| P | EXTEIN-ELAM, SUSAN M | 3201 PINEAPPLE AVE. | MELBOURNE FL 32935 |
| | | | 000023806578 10/15/03--01024--024 **150.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

EXTEIN, SUSAN M
C/O MAXINE'S SALON & SPA
2715 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan M Extein
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 7, 2003

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:

Susan M Extein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 7, 2003 321-253-2054
Date Daytime Phone #

CR2E040 (7/03)

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I spoke with someone today and explained that we never received the original 2003 Annual report. ~~The~~ The business changed location at the end of January which is possibly the reason for that. I was told to go ahead and send this in with the \$150 and the late charge would most likely be waived.

Thank-you!
(sorry for the confusion)