

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofz

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 12:44

DOCUMENT # P97000101444

1. Corporation Name *Couture Inc.*

2. Principal Office Address

347 Baywinds Dr

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

Okaloosa

3. Mailing Office Address

979 Hwy 98E

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 1997

5. FEI Number

593478911

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

MARY L. BERNARD

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

347 Baywinds Dr

Suite, Apt. #, Etc.

Destin FL 32541

City

State

FL

Zip Code

32541

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

Mary L. Bernard
REGISTERED AGENT MUST SIGN

Date

6-12-01

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
<i>PRES.</i>	<i>MARY L. BERNARD</i>	<i>347 Baywinds Dr.</i>	<i>Destin, FL 32541</i>

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:

Mary L. Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/01

Daytime Phone #

850 650-2829

CR2E081 (9/00)

Florida Dept of State
Corp Reinstatement

6-12-01

2 of 2

Please be advised that I had just been advised by a vendor of mine that my corp. was dissolved in Sept. I had sent in all the appropriate forms with my filing fee of \$150.⁰⁰ and never heard anything that it was not accepted.

Please reinstate me as soon as possible.

Any questions please call
800-650-2829

Thank you

Mary L Bernard
President
Cortare Inc.