

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT -7 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99800000659

1. Corporation Name

A New Beginning Consignment Boutique, Inc.

2. Principal Office Address

11891 U.S. Highway One

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, Florida

City & State

Zip

33408

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/02/1998

5. FEI Number

65-0803812

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

Robert C. Hackney

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

11891 U.S. Highway One

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code
33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
D	Theresa M. Spear	728 7th Way	West Palm Beach, FL 33407

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

[Signature]
Theresa M. Spear

Date

8/10/02

Daytime Phone #

(561)
882-9719

CR2E081 (9/01)

8/10/02

HACKNEY & PLOWMAN
ATTORNEYS & COUNSELORS AT LAW

Desantis Professional Building
11891 U.S. Highway One
North Palm Beach, Florida 33408
Telephone (561) 776-8600
Facsimile (561) 622-2841

August 8, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl 32399

Re: A New Beginning Consignment Boutique, Inc.
FEI # 65-0803812

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement Form for the above referenced corporation. Also enclosed, is a check in the amount of \$300 to cover the reinstatement fee. If you have any questions, please contact me.

Sincerely,



Tina Webber