

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # pa8000028310

1. Corporation Name

AT YOUR FINGERTIPS

2. Principal Office Address

2530 N. St. Rd. 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip 33063

Country USA

3. Mailing Office Address

2530 N. St. Rd 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip 33063

Country USA

000021643250

07/18/03--01041--005 **750.00 99.03

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/1998

5. EEI Number

050838976

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

Janet Cinnante

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

21563 Mill Creek Park Way

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33428

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

Janet Cinnante

Date

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>JANET CINNANTE</u>	<u>21563 MILL CREEK PARKWAY</u>	<u>BOCA RATON, FL</u>
<u>VICE PRES</u>	<u>JOY MALAVE</u>	<u>1217 SW 46 WAY</u>	<u>DEERFIELD BEACH, FL</u>
			<u>33442</u>

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

Janet Cinnante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 558 1178

CR2E081 (10/02)

To whom it may concern:

Due to the wrong address on file, I have to reinstate my corporation.

Please Waive the reinstatement fee of \$600.00

Thank you -
Any questions please call
954 972-8700