

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075997**

1. Corporation Name

FINAL TOUCH ACCESSORIES, CORP.

Principal Place of Business

14813 S.W. 153RD PL.
MIAMI FL 33196

Mailing Address

14813 S.W. 153RD PL.
MIAMI FL 33196

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

08/28/1998

FBI Number

65-0867384

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	ABOULA, BRIGITTE	14813 S.W. 153RD PL.	MIAMI FL 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILLER, BRAIN J
975 41ST ST.
MIAMI FL 33140

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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. and 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:

Brigitte Aboula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99 (305) 255-7559
Date Daytime Phone #

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Memo To: Florida Department of State

Memo From: Brigitte Abolila, President
Final Touch Accessories, Corp.

Subject: Reinstatement

Date: October 19, 1999

I called on October 19, 1999 and I spoke with one of your employees and explained I did not receive the rejection letter sent out in February. I have enclosed the information she requested on the reinstatement form. If there is any additional information needed please let me know.

Thank You,
Brigitte
Brigitte