

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 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078330

1. Corporation Name

L'ALLURE BOUTIQUE INC.

Principal Place of Business

204 E. TARPON AVE.
TARPON SPRINGS FL 34689

Mailing Address

204 E. TARPON AVE.
TARPON SPRINGS FL 34689

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

09/04/1998

5. FEI Number

59-3534459

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
President	LISA BREEN	1049 Arlinbrook DR	NPR FL 34655
Agent	LISA BREEN	1049 Arlinbrook DR	NPR FL 34655
Vice President	JONATHAN BREEN	1049 Arlinbrook DR	NPR FL 34655

8. Name and Address of Current Registered Agent

BREEN, LISA
1049 ARLINBROOK DR.
N.P.R. FL 34655

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.

Signature of
Registered Agent

Lisa Breen
REGISTERED AGENT MUST SIGN

Date 10-15-99

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 118.07(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:

Lisa Breen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99
Date

STONE 727 942 8717
HOME 727 376 7759
Daytime Phone #

10-15-99

REINSTATEMENT DEPARTMENT:

I recieved letter on 10-12-99 of dissolution, when I called your office and spoke with Kathy 10-15-99 she proceeded to inform me for the first time that there were corrections needed on original 1999 Annual report which we submitted on time. We L'ALLURE NEVER recieved a request for corrections. In June recieved letter saying L'ALLURE failed to submit annual report. At that time I called your office and the lady had said everything was alright letters must have crossed in the mail. In conclusion Kathy said to write this letter make corrections on reinstatement application send copy of front & back of cancelled check and your office would reinstate.

Sincerely,
Lisa Green