

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:37

DOCUMENT # P98000104259

1. Corporation Name

ELECTRE BOUTIQUE, INC.

Principal Place of Business

1210 INTERNATIONAL PKWY S.
158
LAKE MARY FL 32746

Mailing Address

1210 INTERNATIONAL PKWY S.
158
LAKE MARY FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1998

5. FEI Number

59-3547168

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EDWARDS, KEITH L	238 NEW GATE LOOP	HEATHROW FL 32746
D	EDWARDS, PARLO J	238 NEW GATE LOOP	HEATHROW FL 32746
			100004649671--6 -10/23/01--01034--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

EDWARDS, PARLO J
238 NEW GATE LOOP
HEATHROW FL 32746

9. Name and Address of New Registered Agent

Name PARLO J EDWARDS
Street Address (P.O. Box Number is Not Acceptable)
238 New Gate Loop
Suite, Apt. #, Etc. P/H
City Heathrow State FL Zip Code 32746

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

REGISTERED AGENT MUST SIGN

Date

10/11/2001

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 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

Date

Daytime Phone #

10-11-2001 407/
829-2450

CR2ED40 (8/01)



Fine Women's Clothier

DIVISION OF CORPORATION
409 E GAINES STREET
TALLAHASSEE,
FLORIDA 32399

FEIN#59-3547168
DOCUMENT#P98000104259

DEAR SIR /MADAM

I JUST RECEIVED THE NOTICE OF REVOCATION ON 10/11 2001 INDICATING
THAT I DID NOT RENEW MY CORPORATION FEE.

I DID MAIL IN THE FIRST RESPONSE BEFORE MAY 1^S, DEADLINE THIS WAS
NEVER RETURNED TO ME SO I AM UNAWARE THAT YOU HAVE NOT
RECEIVED IT.

I WOULD LIKE THE LATE FEE TO BE WAIVED, ENCLOSED IS A CK FOR
\$150.00.

THANKS FOR YOUR CORPORATION

SINCERELY



PARLO EDWARDS

OCTOBER 11, 2001