

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 AM 10:25

DOCUMENT # P98000104697

1. Corporation Name

ACCESSORIES BY SUZY, INC.

3098 Stirling Rd.

Principal Place of Business

Mailing Address

20502 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

20502 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0903017

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	ARIBU, SUZETTE	20502 WEST DIXIE HIGHWAY	NORTH MIAMI BEACH FL 33180
		3098 Stirling Rd.	Hollywood FL 33021
			3000003481993--5
			-11/30/00--01101--020
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARIBU, SUZETTE
20502 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Name

Suzette Aribu

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

3098 Stirling Rd

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33021

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

Suzette Aribu
REGISTERED AGENT MUST SIGN

Date 11-1-00

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:

Suzette Aribu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 989-5775

CR2E040 (8/00)

P98000104697

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Monday, November 06, 2000

Accessories By Suzie
3098 Stirling Road
Hollywood, Florida 33021

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314-6327

Re: #P98000104697

To Whom It May Concern:

I am writing you in regard to the **mistaken** DISSOLUTION of my company, Accessories By Suzy, Incorporated. Apparently, during the past year the Division of Corporations was not apprised of my change in locations, my company is **no** longer located at 20502 West Dixie Highway, North Miami Beach, Florida 33180, my current location is 3098 Stirling Road, Hollywood, Florida 33021.

I was not aware that my Corporation had expired and would greatly appreciate full reinstatement according to the laws of the state of Florida. I try to be a conscientious law-abiding businesswoman, and would not knowingly shirk my obligations to the state of Florida. Your prompt and courteous attention to this matter will be greatly appreciated and I look forward to meeting my obligations with the state in a timely manner.

Thank you,

Suzette Aribu
Owner
Accessories By Suzy