

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

2081-02

FILED

02 JAN -7 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000003486

1. Corporation Name

PERFUMANIA INTERNATIONAL FRANCHISING, INC.

Principal Place of Business

Mailing Address

11701 NW 101ST RD  
MIAMI FL 33178

11701 NW 101ST RD  
MIAMI FL 33178

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

01/12/1999

5. FEI Number

Applied For

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
CFO	A. MARK YOUNG	11701 NW 101 ROAD	MIAMI FL 33178
P	LEKACH, ILIA	11701 NW 101 RD	MIAMI FL 33178
V	JEFFREY GELLER	11701 NW 101 RD	MIAMI FL 33178

900004777289-3  
-01/16/02--01025--013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARY ESPINOSA  
11701 NW 101ST RD  
MIAMI FL 33178

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

Mary L Espinosa  
REGISTERED AGENT MUST SIGN

Date 11/21/01

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:

Andrew Mark Young 11/21/01 (305) 889-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Perfumania International Franchising, Inc.</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <u>A. Mark Young</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>11701 NW 101st Rd</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>Miami FL 33178</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>Dade County, Florida</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor- SSN or ITIN may be required (see instructions) ► <u>Ilia Lekach CEO #433-94-0638</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)                                    |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)                                    |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>regular 'C'</u> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust   |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military                                 |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | <input type="checkbox"/> Other (specify) ►   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country

- |  |  |
|--|--|
| 9 Reason for applying (Check only one box.) (see instructions)   | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input checked="" type="checkbox"/> Started new business (specify type) ► <u>solicit franchising opportunities</u> | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)  | <input type="checkbox"/> Purchased going business                          |
| <input type="checkbox"/> Created a pension plan (specify type) ►   | <input type="checkbox"/> Created a trust (specify type) ►                  |
|  | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions) 01/12/1999 11 Closing month of accounting year (see instructions) 1/31/2002

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . 414 Principal activity (see instructions) ► establish franchises for the retail of perfumes15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (305) 889-1600  
Fax telephone number (include area code) (305) 888-0628Name and title (Please type or print clearly.) ► Signature ► [Signature] Date ► 11/21/01

Please leave blank ► Geo. Ind. Class Size Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form **SS-4** (Rev. 4-2000)