

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 19 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024631

1. Corporation Name

LAYLA'S COLLECTIONS, INC.

Principal Place of Business

Mailing Address

9600 N.W. 7TH CIR., #1418
PLANTATION FL 33324

9600 N.W. 7TH CIR., #1418
PLANTATION FL 33324

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

03/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0916896

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SABET, MASSOUD	9600 N.W. 7TH CIR., #1418	PLANTATION FL 33324
			400003446714--8 -11/01/00--01043--011 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSH, JAMES N
8612 STATE ROAD 84
DAVE FL 33324

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

SIGNATURE REQUIRED

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., 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:

MASSOUD SABET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

954-474-8592
Daytime Phone #

pg 2 of 2
9600 NW 7th Circle, #1418
Plantation, Florida 33324
Phone: 954-474-8592
Fax: 954-474-1383

Layla's Collections, Inc.

October 16, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314-6327

Dear Sir/Madam:

This is to acknowledge that We received a 'Notice of Administrative Dissolution or Revocation' from Florida Department of State on October 13, 2000, however We never received Original Notice?. We consulted with our accountant and learned the original notice should have reached our office by the first quarter of the year and a fee for the amount of \$150.00 should have been due. We are enclosed sending a check for the amount of \$150.00.

Sincerely,

Massoud Sabet

Massoud Sabet