

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000034045**

1. Corporation Name

New Look of South Florida Inc.

2. Principal Office Address - No P.O. Box #

14883 69th ST N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Loxahatchee

City & State

Florida

Zip

33470

Country

Palm Beach

Zip

33470

Country

USA

7. Name and Address of Current Registered Agent

Name

Joseph Mills

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

14883 69th ST. N.

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph Mills

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Joseph G. Mills	14883 69th ST. North	Loxahatchee FL 33470

10. 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 contained in Chapter 119, 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

June 8th 2007

Date

Daytime Phone #

FILED

2007 JUN 12 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-07

5/23/07 01002 002 \$900.00
CR2E081 (1/07)

4. Date incorporated or Qualified
To Do Business in Florida

April 14-1999

5. FEI Number

65-0941-061

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.