

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. (DBA) New Look Express

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

2285 D Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2285 D Rd.

Suite, Apt. #, etc.

City & State

Loxahatchee, Florida

City & State

Loxahatchee, Florida

Zip

33470

Country

U.S.

Zip

33470

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

4/14/99

5. FEI Number  
650941061

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Mills

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

2285 D Rd.

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 7/30/10

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
Pres.	Joseph Mills	2285 D Rd.	Loxahatchee, Fl. 33470

10. E-mail Address: NLSFL@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

*Joseph Mills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/10 561-784-5473

Date

Daytime Phone #

FILED

10 AUG -2 AM 11:46

RECEIVED  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 08-10

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