

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000039409

1. Corporation Name

VERONICA'S SECRET, INC.

Principal Place of Business

1253 PARK ST.  
CLEARWATER FL 33756

Mailing Address

1253 PARK ST.  
CLEARWATER FL 33756

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1582 Gulf Boulevard

Suite, Apt. #, etc.

No. 1703

City & State

Clearwater, FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33766

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1999

5. FEI Number

59-3579155

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
P/V/S T/D	Veronica Martin	1582 Gulf Boulevard No. 1703	Clearwater, FL 33767

000003514940--0  
-12/27/00--01080--008  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, CYNTHIA-I  
1253 PARK ST.  
CLEARWATER FL 33756

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

*Veronica Martin*  
REGISTERED AGENT MUST SIGN

Date 1/2-13-11

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:

*Veronica Martin*  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

by, Veronica Martin, President

1/2-13-00

Date

727-593-7702

Daytime Phone #

KE

CR2E040 (8/00)