

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVAL
AND
FILED**

00 NOV -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054071

1. Corporation Name

MYCHRIS CREATIONS, INCORPORATED

Principal Place of Business

Mailing Address

15237 SW 168 TERRACE
MIAMI FL 33187

15237 SW 168 TERRACE
MIAMI FL 33187



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

06/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-092-9991

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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
PD	GONZALEZ, ROSEMARIE V	15237 SW 168 TERRACE	MIAMI FL 33187
STD	GONZALEZ, J A	15237 SW 168 TERRACE	MIAMI FL 33187

7000003487787-1
-12/05/00--01074--006
****758.75 ****758.75

REINSTATEMENT 2000

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ROSEMARIE V
15237 SW 168 TERRACE
MIAMI FL 33187

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Rosemarie V. Gonzalez
REGISTERED AGENT MUST SIGN

Date

10/1/00

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:

Rosemarie V. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosemarie V. Gonzalez - President

Date

10/1/00

Daytime Phone #

305-38-1028

CR2E040 (8/00)