

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000067574**

1. Corporation Name

CUTE BAGS & ACCESSORIES, INC.

Principal Place of Business

Mailing Address

**13936 KENDALE LAKES DR
MIAMI, FL 33183**

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

SP

7/27/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0940391

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/S	LAGOA, DANIELA	13936 KENDALE LAKES DR MIAMI, FL 33183	MIAMI, FL 33183

300003299353--4

-06/21/00--01083--011

******558.75 ****558.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SUSAN MOUSEL
13313 SW 124TH ST
MIAMI, FL 33186**

Name

DANIELA LAGOA

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

13936 KENDALE LAKES DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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

Daniela Lagoa

REGISTERED AGENT MUST SIGN

Date

5/28/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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
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., and that
fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if
under oath.

SIGNATURE:

Daniela Lagoa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/00

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