

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 18 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000089715

1. Corporation Name

LORRAINES TREASURE CHEST CORP.
3 SOUTH OCEAN BLVD
LAKE WORTH, FLORIDA 33460

REINSTATEMENT 01-09

000040289990

08/18/04--01054--002 **8.75

000040289990

08/18/04--01054--001 **1200.00

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-7-99

5. FEI Number

65-0950964

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

LORRAINE BOWE

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

309 5TH AVE SOUTH

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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

Lorraine Bowe
REGISTERED AGENT MUST SIGN

Date

8/14/04

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
DIRECTOR PRES. VICE PRES. TREAS. SECTY.	LORRAINE BOWE	309 5TH AVE SOUTH LAKE WORTH, FLORIDA 33460	309 5TH AVE SOUTH LAKE WORTH, FLORIDA 33460
VICE PRESIDENT	VANESSA PRIETO	412 TUSKEGEE DRIVE LANTANA FLORIDA 33462	→ SAME

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/04

Date

561-588-9946

Daytime Phone #