

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 28 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 799000093518

1. Corporation Name **SUSIE Q INTERNATIONAL, INC.**

W05000039895

2. Principal Office Address

3900 GALT OCEAN DR

Suite, Apt. #, etc.

#1403

City & State

FT Lauderdale FL

Zip

33308

Country

USA

3. Mailing Office Address

3900 Galt Ocean DR

Suite, Apt. #, etc.

#1403

City & State

FT Lauderdale FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

650969741

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

SUSAN Q WOOD

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

3900 GALT OCEAN DRIVE #

Suite, Apt. #, Etc.

#1403

City

FT Lauderdale

State

FL

Zip Code

33308

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

[Signature]

Date **9/23/05**

REGISTERED AGENT MUST SIGN

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
P	Susan Q Wood	3900 Galt Ocean Dr. #1403	FT. Lauderdale FL 33308

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/05 9546301610

Daytime Phone #

CR2E081 (01/05)




Susan Q Wood
President

September 23, 2005

Corporation Reinstatement
Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Subject: Susie Q International, Inc.
Ref. Number P99000093518

To whom it may concern:

I am requesting fee abatement for Susie Q International, Inc. as I did not receive the request for annual report for 2003.

Sincerely,


Susan Q Wood

Encl: check \$450, form for reinstatement.