

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 SEP 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99 0000 97948

1. Corporation Name

COUTURE'S DISCOUNT INC.

2. Principal Office Address - No P.O. Box #

2045 US Hwy 27N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Zip

Country

33870 Highlands

Zip

Country

10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-5-1999

5. FEI Number

59-3609516

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

ALLORA Couture

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

1315 Club Lane

Suite, Apt. #, Etc.

City

LORIDA

State

Zip Code

FL

33857

REINSTATEMENT

700212307047
09/19/11--01051--023 **\$900.00

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

ALLORA Couture

Date 9-14-11

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
Pres	ALLORA Couture	1315 Club Lane	LORIDA, FL. 33857
V-P	Richard Couture	1315 Club Lane	LORIDA, FL. 33857

10. E-mail Address: Couture@Vistanet.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ALLORA J. Couture

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-11

Date

863-386-0029

Daytime Phone #