

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR -9 PM 4:11

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111382

1. Corporation Name

French Riviera Boutique, Inc.

05-10  
**REINSTATEMENT**

CR2E081 (11/09)

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

3011 Yamato Rd

Suite, Apt. #, etc.

A-16

City & State

Boca Raton, Florida

Zip

33434

Country

USA

3. Mailing Office Address

3011 Yamato Rd

Suite, Apt. #, etc.

A-16

City & State

Boca Raton, Florida

Zip

33434

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 29, 1999

5. FEI Number

65 0971140

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

7. Name and Address of Current Registered Agent

Name

Stephanie Labouro

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

3011 Yamato Rd

Suite, Apt. #, Etc.

A-16

City

Boca Raton

State

FL

Zip Code

33434

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

Date

3/4/10

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/D	Stephanie Labouro	3011 Yamato Rd, Suite A-16	Boca Raton, FL 33434
VST/D	Samir Farah	3011 Yamato Rd, Suite A-16	Boca Raton, FL 33434
		M. MILLIGAN EXAMINER	
		MAR - 9 2010	

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10. E-mail Address: FRIVIERA 99 @ AOL.COM

(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., 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.

SIGNATURE:

Stephanie Labouro - STEPHANIE LABOURO President

Date

561-988-1272

Daytime Phone #