

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **S36000**

1. Corporation Name

ROSE TAFT COUTURE INC.

Principal Place of Business

Mailing Address

**5850 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

**5850 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0260849

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PTD | TAFT, MARCIA | 5850 MIAMI LAKES DR | MIAMI LAKES FL |
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900008550999
10/23/02-01091 007 **150.00

8. Name and Address of Current Registered Agent

**MARCIA TAFT
5850 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Marcia Taft
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 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 REQUIRED
Marcia Taft
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

(305) 826-6026

CR2E040 (8/02)

ROSE TAFT

October 21, 2002 .

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Gentlemen:

As of today, Rose Taft Couture, Inc. received a notice of dissolution or revocation from the state of Florida for failure to file an annual report/ uniform business report form as required by law.

According to company officials, this notification represents the first instance where officials of the company were aware of the fact that this report was never filed with the state. I can represent the company from the respect that no previous URB notices were received prior to this date by any company official or myself.

Therefore, I would greatly appreciate if you could reinstate the corporation as soon as possible. I have enclosed a check made payable for \$150.00 for the filing fee.

Sincerely,


Marcia Taft