

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

568550

1. Corporation Name

Barbarella's Bridal Service, Inc.

Principal Place of Business

Mailing Address

300 Merritt Square Mall
Merritt Island, Fl. 32952

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

300 Merritt Square Mall

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island Fl.

Zip

Country

Zip

Country

32952

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

7-25-91

5. FEI Number

59-3080692

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
pres,	Elaine Lies	1485 Bellacasa Ct. MI, Fl.	32952
vice pres	Karen Walsh	450 Kennebec St.	Merritt Island, Fl. 32952
vice pres	Robert Lies	1485 Bellacasa Ct. Merritt Island	Fl. 32952
Sec.	Carlotta Nez	125 Cleveland Ave #11 Cocoa Beach,	Fl. 32931-4007
tres,	Tonya Carlson	3272 Bayfield St. Cocoa,	Fl. 32926
assist sec,	Carol Scott	144 Longridge Bloomingdale Fl	60108

8. Name and Address of Current Registered Agent

Elaine Lies
1485 Bellacasa Ct.
Merritt Island Fl. 32952

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

REINSTATEMENT

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.

Signature of
Registered Agent

Elaine Lies

REGISTERED AGENT MUST SIGN

Date

5-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Elaine Lies Elaine Lies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-19-98

Daytime Phone #