PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 19 PM 1:47

DOCUMENT # S96770

1. Corporation Name
SARA'S PERFUMES, INC.

Principal Place of Business
3735 PICADILLY ST.
HOLLYWOOD, FL. 33021

Mailing Address
105 E. FAGLER ST
MIAMI, FL. 33131

REINSTATEMENT 94-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
233 NW 36th ST.
Suite, Apt #, etc
City & State
MIAMI, FL.
Zip 33131 Country MIAMI-DADE

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/27/91

5. FEI Number
65-0304554
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	YOSEF ELUL	3735 PICADILLY ST	HOLLYWOOD, FL. 33021
S/D	SARA COHEN	3735 PICADILLY ST	HOLLYWOOD, FL. 33021

300002969183--6
-08/25/99--01004--023
***1500.00 ***1500.00

8/18/23

8. Name and Address of Current Registered Agent
SARA COHEN
400 POINTE KING DR. APT 430
MIAMI BCH, FL. 33160

9. Name and Address of New Registered Agent
Name RITA GUERRA
Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINEBLEAU BLVD
Suite, Apt. #, Etc SUITE 1-B
City MIAMI State FL Zip Code 33172

CR2E081 (12/98)

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
REGISTERED AGENT MUST SIGN
Date 8/17/99

11. This corporation owes 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/99
Date

305-377-8990
Daytime Phone #