PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 JUL 18 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09478

1. Corporation Name

TRAVELING BOUTIQUE, INC.

Principal Place of Business	Mailing Address
5740 Alton Rd Miami Beach, FL 33140	TRAVELING BOUTIQUE, INC. 5740 Alton Rd Miami Beach, FL 33140

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

REINSTATEMENT 96-92

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

4. Date Incorporated or Qualified To Do Business in Florida: 1/28/92

5. FEI Number: 65-0309827 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SELMA ROSENFELD	5740 Alton Rd	Miami Beach, FL 33140
			000002243960--8 -07/22/97--01085--006 ****915.00 ****915.00
			7/21/97

8. Name and Address of Current Registered Agent

IRA PRICE
9130 S. Dadeland Blvd.
Suite 1705
Miami FL 33156

9. Name and Address of New Registered Agent

Name: SELMA ROSENFELD
Street Address (P.O. Box Number is Not Acceptable): 5740 Alton Rd
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33140

CR2E040 (12/96)

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: Selma Rosenfeld Date: 7/15/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Selma Rosenfeld SELMA ROSENFELD 7/15/97 (305)861-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #