

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED  
13 / 1 / 82

04 OCT 26 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V44675**

1. Corporation Name

**Gentlemen's Approach, Inc.**

2. Principal Office Address

**8620 Uranus Terrace**  
Suite, Apt. #, etc.

3. Mailing Office Address

**8620 Uranus Terrace**  
Suite, Apt. #, etc.

City & State

**Lake Park**

Zip **33403** Country **USA**

City & State

**Lake Park**

Zip **33403** Country **USA**

**REINSTATEMENT DO-64**

**200042188462**  
10/26/04--01062--006 \*\*758.15

4. Date Incorporated or Qualified  
To Do Business in Florida

**June 17, 1992**

5. FEI Number

**65-0346698**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Karen Constantine**

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

**8620 Uranus Terrace**

Suite, Apt. #, Etc.

City

**Lake Park**

State

**FL**

Zip Code

**33403**

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

**Karen Constantine**

Date **33403**

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
<b>President</b>	<b>KAREN CONSTANTINE</b>	<b>8620 Uranus Terrace</b>	<b>Lake Park, FL 33403</b>
<b>Owner</b>			

10. 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:

**Karen Constantine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-20-2004**

Date

Daytime Phone #

**(561) 627-7024**

CR2001 (01/04)

19 282

Wednesday, October 20, 2004

**TO: DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE FLORIDA 32314**

**FROM:  
KAREN CONSTANTINE  
8620 URANUS TERRACE, LAKE PARK FL 33403  
HOME: 561 627-7024  
CELL: 561 628-7844  
OFFICE: 561 882-9898**

**REGARDING: GENTLEMEN'S APPROACH INC.**

**TO WHOM THIS MAY CONCERN,**

**MY NAME IS KAREN CONSTANTINE AND THE SOLE OWNER & PRESIDENT OF GENTLEMEN'S APPROACH INC. MY BUSINESS IS A S- CORPORATION, FORMED IN 1992 & MY DOCUMENT NUMBER IS # V44675, OTHER INFORMATION PROVING MY OWNERSHIP IS ALL ON THE DOCUMENTS OF YOURS THAT I COPIED & HAVE SENT ALONG IN THIS INFORMATION TO YOU.**

**JUST DAY'S AGO IT WAS BROUGHT TO MY ATTENTION THAT MY CORPORATION HAD BEEN DISSOLVED AS OF 9/22/2000. THIS IS VERY MUCH A CONCERN OF MINE AND THIS LETTER IS TO INFORM YOU THAT I HAVE NOT ONLY NEVER RECEIVED MY ANNUAL REPORTS FOR THE YEAR OF 2000, BUT ALSO I'VE NEVER RECEIVED ANY ANNUAL REPORTS THEREAFTER!**

**I'VE ENCLOSED TO YOU, CHECK#1485 IN THE AMOUNT OF \$758.75 - \$750.00 IS TO WAIVE THE APPROPRIATE REINSTATEMENT FEES YOU ARE REQUESTING, AND THE ADDITIONAL AMOUNT OF \$8.75 FOR THE CERTIFICATE OF STATUS DESIRED.**

**SINCERELY,  
KAREN CONSTANTINE**

