

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 AUG 29 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V50547

1. Corporation Name V.I.P. SAINT TROPEZ, INC.

Principal Place of Business

Mailing Address

201 PHIPPS PLAZA #2
PALM BEACH, FL 33480

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

07-14-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

X

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)

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
DIR	KAHN, THOMAS M.	201 PHIPPS PLAZA #2	PALM BEACH, FL 33480
ASST. SEC.	KAREN B. ROZAR	1201 HAYS STREET	TALLAHASSEE, FL 32301
REINSTATEMENT - 94-97			
400002280604--2			
8-29-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAHN, THOMAS M.
201 PHIPPS PLAZA, #2
PALM BEACH, FL 33480

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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

Karen B. Rozar

REGISTERED AGENT MUST SIGN Karen B. Rozar, As Its Agent

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN B. ROZAR/ASST. SEC.

Date

08-27-97

800-342-8086

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 506442 83648A

AUTHORIZATION :

COST LIMIT : \$ 1253.75

Patricia Pizante

ORDER DATE : August 22, 1997

ORDER TIME : 3:47 PM

ORDER NO. : 506442-005

CUSTOMER NO: 83648A

CUSTOMER: Ms. Angie Johnson
Michael P. Gable, Esq
Suite 735 S
4000 Hollywood Boulevard
Hollywood, FL 33021

DOMESTIC FILINGS

NAME: V.I.P. SAINT TROPEZ, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS _____