

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V59740**

1. Corporation Name

**PLAZA BOUTIQUE, INC.**

Principal Place of Business

777 E. ATLANTIC AVENUE  
SUITE C-6  
DELRAY BEACH FL 33483

Mailing Address

777 E. ATLANTIC AVENUE  
SUITE C-6  
DELRAY BEACH FL 33483

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/21/1992**

5. FEI Number

**65-0354981**

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	4 City / State / Zip
VP	BOONCHURD, CHAVEEVAN	626 LINDELL BLVD	DELRAY BEACH FL 33444
P	JONES, PAJARIYA J.	1479 NE 28TH CT	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

BOONCHURD, CHAVEEVAN  
626 LINDELL BLVD  
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Chaveevan Boonchurd*

President

Date

**Dec 24<sup>th</sup> 2002**

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**

*Pajariya J. Jones*, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/24/02**

Daytime Phone #

**(561) 243-9890**

CR2E040 (8/02)

PLAZA BOUTIQUE INC

E Atlantic Avenue

Suite C-6

Delray Beach, Fl 33483

December 20, 2002

Division of Corporations

P. O. Box 6327

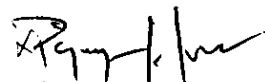
Tallahassee, Fl 32314-6327

Re: V59740

Dear Sir/Madam:

I have just received the enclosed "Application for Reinstatement" form for our corporation. We have never received the prior UBR notices. Please consider the attached check in the amount of \$150.00 as filing fees.

Sincerely,



Pajariya J Jones  
President