

2006 FOR PROFIT CORPORATION REINSTATEMENT

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 PM 5:23

DOCUMENT # P92000002505

1. Entity Name
CORTE TROPICAL UNISEX, INC.



Principal Place of Business
1639 W FLAGLER STREET
MIAMI, FL 33135

Mailing Address
1639 W FLAGLER STREET
MIAMI, FL 33135

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302006

REIN-P

CR2E098 (11/05)

City & State

City & State

4. FEI Number

65-0367619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, VIRGENSA V
1639 W FLAGLER STREET
MIAMI, FL 33135

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
GOMEZ, VIRGENSA V ☐ Delete
STREET ADDRESS 1639 W FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 800081470038
CITY-ST-ZIP 11/02/06--01026--010 **150.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #