

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G81599**

1. Corporation Name

His & Hers by Petra, Inc.

400010061684
01/13/03--01097--011 **750.00

2. Principal Office Address

1491 NW 27 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

3. Mailing Office Address

692 West 29 ST

Suite, Apt. #, etc.

#9

City & State

Hialeah FLA

Zip

33012

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2342314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clavel, Petra

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

1491 NW 27 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/9/03

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
DPST	Clavel, Petra	1491 NW 27 Ave	MIAMI, FL, 33125

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

305-887-4185

Daytime Phone #

CR2E081 (9/01)