

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 311950

1. Corporation Name

FASHION IMPORTS, INC.

Principal Place of Business

3251 E. 11TH AVENUE
HIALEAH FL 33013

Mailing Address

3251 E. 11TH AVENUE
HIALEAH FL 33013

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

12/20/1966

5. FEI Number

59-1291756

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MUI, WAI CHIU	780 E. 39TH STREET	HIALEAH FL
SD	CHIONG, WAI HAR	190 W 51ST STREET	HIALEAH FL
T	MUI, MEE NGAN	780 E 39TH STREET	MIAMI BEACH FL

300023972809
10/21/03--01080--005 **750.00

8. Name and Address of Current Registered Agent

MUY, FERNANDO CHANG
411 E. RIVO ALTO DRIVE
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

WAI HAR CHIONG

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

190 W. 51 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

Wai Har Chiong
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/5/03

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:

Wai Har Chiong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

(305) 836-0571

Daytime Phone #

CFR2040 (7/03)