

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:43

DOCUMENT # 329400

1. Corporation Name

Alicia Fashions, Inc.

2. Principal Office Address

3490 NW 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33127

Country
USA

3. Mailing Office Address

21533 SW 128 Place

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33177

Country
USA

700067464687
03/09/06--01026--023 **3410.00
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1968

5. FEI Number

59-1215473

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
Julissa Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
21533 SW 128 Place

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33177

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

REGISTERED AGENT MUST SIGN

Date 2-21-06

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
Pres/Trea	Eva Arminda Lazaro	11880 SW 45 Street	Miami, FL 33175
VP/Sec	Aristonico Infante	16530 Lynnway Lane	Spring Hills, FL 34610

REINSTATEMENT

83-06

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 contained in Chapter 119, 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

2-21-06

Date

305-219-5396

Daytime Phone #

CO. Williams FEB 22 2006