

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 329400

1. Corporation Name

Alicia Fashions, Inc.

2. Principal Office Address - No P.O. Box #
3490 NW 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
11880 SW 45th Street

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33127

Country
USA

Zip
33175

Country
USA

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

5. FEL 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
Eva Arminda Lazaro

Street Address (P.O. Box Number is Not Acceptable)
11880 SW 45th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33175

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Eva Arminda Lazaro
(REGISTERED AGENT MUST SIGN)

Date **2/15/07**

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

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:

Eva Arminda Lazaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

828-242-
2/15/07 1572

2/2

February 15, 2007

Division of Corporation
Attn. Melinda Lilliston
PO Box 6327
Tallahassee, FL 32314

Re: Document #329400
Debit Memo #64861-G

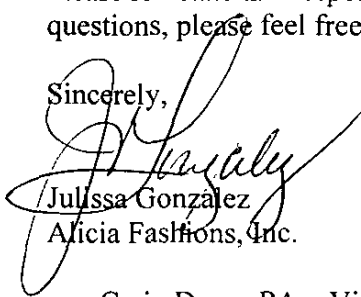
Dear Sir/Madam:

This letter is in response to your letter dated April 7, 2006, that I just found posted on line. I was unaware of this matter, however, in order to resolve this matter we have enclosed a cashiers check in the amount of \$3,703.50 to cover the unpaid check, administration fee, and the 2007 corporate annual report.

I still do not understand why this situation occurred, since the problem was that the check was deposited without being endorsed by the state.

Please reinstate the corporation and file the 2007 renewal. Should you have any questions, please feel free to contact me at 828-242-1572.

Sincerely,



Julissa Gonzalez
Alicia Fashions, Inc.

xc: Craig Dearr, PA – Via Fax #305-670-1238