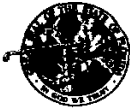


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 498244

1. Corporation Name

V.I.T.I. FASHIONS, INC.

Principal Place of Business

4500 E. 10 LANE
HIALEAH FL 33013

Mailing Address

4500 E. 10 LANE
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.
4598 E. 10 Lane
City & State
Hialeah FL
Zip
33013 Country
DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
4598 E. 10 Lane
City & State
Hialeah FL
Zip
33013 Country
DADE

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1976

5. FEI Number

50-1662320

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|--|---|-------------------------|
| P | BARRIOS, RENE | 14352 SW 43 TERRACE | MIAMI FL 33175 |
| V | VALBUENA, ANGELIT | 15231 MENTETH PLACE | MIAMI LAKES FL 33014 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600003043336--5
-11/12/99--01113--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

VALBUENA, ANGELITA
15231 MENTETH PLACE
MIAMI LAKES FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of Registered Agent

Angelita Valbuena REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/99

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:

Angelita Valbuena REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99 305681-4007
Date Daytime Phone #

CR2040 (0/99)