

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

SEP 24 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F61291**

1. Corporation Name

**RAD FASHIONS, INC.**

Principal Place of Business

**100 PINE NEEDLE LANE,  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**100 PINE NEEDLE LANE  
ALTAMONTE SPRINGS FL 32714**



**REINSTATEMENT 98-4900**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**103 INGRAM CIRCLE**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**103 INGRAM CIRCLE**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**12/31/1981**

5. FEI Number

**59-2188271**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	RAD, MORTEZA M	<del>100 PINE NEEDLE LANE</del> <del>103 INGRAM CIRCLE</del>	<del>ALTAMONTE SPRINGS FL 32714</del> LONGWOOD, FL 32779
SD	RAD, TAHEREH M.	<del>100 PINE NEEDLE LANE</del> <del>103 INGRAM CIRCLE</del>	<del>ALTAMONTE SPRINGS FL 32714</del> LONGWOOD, FL 32779
VP	RAD, FARZAD M.	117 WAVERLY DRIVE	FERN PARK, FL 32750

**5.00002826535--8**  
-04/01/99--01052--023  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

**RAD, MORTEZA M. & TAHEREH M.**  
100 PINE NEEDLE LANE  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name  
**FARZAD M. RAD**  
Street Address (P.O. Box Number is Not Acceptable)  
**117 WAVERLY DRIVE**  
Suite, Apt. #, Etc

City  
**FERN PARK**

State | Zip Code  
**FL | 32750**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **3/22/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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]* **M. Rad. Morteza M. Rad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

**3-22-99**

CR2E040 (9/96)