

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

APPROVAL AND
04 NOV 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88413

1. Corporation Name

REINSTATEMENT *dy*

CONCEPCION WHOLESALE FABRICS INC

2. Principal Office Address 3. Mailing Office Address

1671 WEST 37 ST, Suite E-26

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-26

SAME AS # 2

City & State

City & State

HIALEAH, FL

SAME AS # 2

Zip

Country

Zip

Country

33012-4652

USA

33012-4652

USA

700042754457
11/15/04--01068--012 **150.00

TK

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65-0119740

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

CONCEPCION OSWALDO JR

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

760 N.W. 135 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

Date **11/5/2004**

REGISTERED AGENT MUST SIGN

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
D	CONCEPCION, OSWALDO JR	760 N.W. 135CT	MIAMI FL 33182
D	LARITZA BARBOSA	648 NW 135CT	MIAMI FL 33182

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 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:

Concepcion Oswaldo Jr

OSWALDO CONCEPCION JR

11/5/2004

305-827-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 292

Hialeah November 5, 2004

Division of Corporations
Annual report/Reinstatement Section
P.O.Box 6327
Tallahassee, Florida 32314-6327.

Gentlemen:

We found the news from our bank that our Co have been dissolve for the annual report on 10-01-2004.

For your information ~~we never received~~ any advise from the Department of State that We have to file and pay the annual report, obviously probably these forms were lost on The mail and we never received anything.

Enclose you will find the reinstatement form for our Corporation namely Concepcion Wholesale Fabrics Inc togheter with the fees for 2004 amounting to \$ 150.00.

We respectfully request that the state reinstate our small Corp because otherwise we will Be suffering a great hardship.

Thanking you in advance, we remain

Yours Truly

Concepcion Wholesale Fabrics Inc


Oswaldo Concepcion Jr

President