

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC -3 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K89780

1. Corporation Name

GENTFEM FASHIONS, INC.

Principal Place of Business

6807 MAIN ST
MIAMI LAKES FL 33014-2047

Mailing Address

6807 MAIN ST
MIAMI LAKES FL 33014-2047

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

6844 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI LAKES FL

Zip

Country

Zip

Country

33014 DADE

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1989

5. FEI Number

65-0135717

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P 1	VELASQUEZ, ANGELA M.	10665 NW 16TH CT	PLANTATION FL

600002020336--4
12/05/96 01000 020
****225.00 ****225.00

DISSOLUTION REMOVED
NO RE-FEE AD 12-38

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELASQUEZ, ANGELA M.
10665 NW 16TH CT
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Angela M. Velazquez

REGISTERED AGENT MUST SIGN

Date 10-6-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Angela M. Velazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-96 305-821-6668
Date Daytime Phone #

2 of 2

11-25-96

ATT: Andy

Following our phone conversation,
please accept our application for
reinstatement. The address for
our business was stated incorrectly.

Yours Truly

Gentrem Fashion Inc
By: Angela Velazquez, Pres.