

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18692

1. Corporation Name

DINORAH'S SPORTSWEAR & SCREEN PRINTING, INC.

Principal Place of Business

5101 NW 36TH AVE
MIAMI FL 33142-3236
US

Mailing Address

5101 NW 36TH AVE
MIAMI FL 33142-3236
US



REINSTATEMENT 01-03

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1989

5. FEI Number

59-2984296

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VARELA, RUBEN	5880 SW 130TH TER	MIAMI FL 33156
STD	VARELA, DINORA	588 SW 130TH TER	MIAMI FL 33156
			300009740863 03/25/03--01070--005 **900.00
			300009740863 12/30/02--01077--004 **150.00

8. Name and Address of Current Registered Agent

VARELA, RUBEN
5101 NW 36TH AVE
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

VARELA, RUBEN

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

1780 NW 20TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/1/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/02