

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 19 PH 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041911

1. Corporation Name

MY LIFE FASHIONS, INC

2. Principal Office Address

6413 NW 192ND TERR

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

Zip
33015

Country
USA

3. Mailing Office Address

20008 NW 58TH PL

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip
33015

Country
USA

REINSTATEMENT

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2000

5. EEL Number

651026783

Applied For

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

JAMES L. MACK JR.

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

20008 NW 58TH PL

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code
33015

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

James L Mack Jr

REGISTERED AGENT MUST SIGN

Date

7/18/06

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/PD	JAMES L. MACK JR	20008 NW 58TH PL	HIALEAH, FL. 33015

500077972315
07/26/06--01005--023 **758.75

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 contained in Chapter 119, 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:

James L Mack Jr James L mack Jr

7/18/2006

305-733-7649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/06

July 18, 2006

To Whom It May Concern:

THIS IS LETTER STATING THAT I JAMES L. MACK JR HAVE NEVER RECEIVED
LETTERS FOR THE ANNUAL REPORT FEES DUE FOR MY LIFE FASHIONS INC.
I AM REQUESTING THAT THE \$600.00 FEE BE WAIVED FOR THIS REASON.

THANK YOU IN ADVANCE


JAMES L. MACK JR.