

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 27 AM 9:24

**DOCUMENT #** P00000044669

**1. Corporation Name**

LINNIES FASHIONS INC.

**2. Principal Office Address**

106 NO ALBANY AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

HILLSBOROUGH

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

07-17-01 90064 026 \$550.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MAY 3, 2000

**5. FEI Number**

59-3649827

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

LAST, FIRST, MIDDLE

**7. Name and Address of Current Registered Agent**

Name

NGUYEN PHUOC, NGHIEM LAI, BAO

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

106 NO ALBANY AVE

Suite, Apt. #, Etc.

City

TAMPA, FL.

State  
FL

Zip Code

33606

300005074099-3

-03/08/02--01076--032

\*\*\*\*350.00 \*\*\*\*350.00

**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

*Lai Nguyen*

Date 2-23-2002

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	NGUYEN PHUOC, NGA L	106 NO ALBANY AVE	TAMPA, FL. 33606

**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:**

*Susan McDowell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2002 813-963-0659

Date

Daytime Phone #

ASK FOR SUSAN  
MCDOWELL

CR2E081 (9/01)