

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN 23 08:56

DOCUMENT # P00000044868

1. Corporation Name

Natalia Fabric Corporation

W05-23697

2. Principal Office Address

1221 SW 8TH STREET

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-05

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/01

5. FEI Number

65-1007592

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for  
a Certificate of Status

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

Name

LUZ A SORTO

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

740 SW 10TH AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

*Luz A. Sorto*

Date

04/20/05

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
P	LUZ A SORTO	740 SW 10TH AVE	Miami, FL 33135

600056614046  
06/28/09--01040--013 \*\*1350.00

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 filed 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)(f), 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:

*Luz A. Sorto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/05 3058586229

Date

Daytime Phone #