


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000051447**

1--Corporation Name

STYLES IMPORTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 450961
SUNRISE FL 33345

P.O. BOX 450961
SUNRISE FL 33345

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEI Number

65-1010696

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	SAWHNEY, SRI D	3240 NW 84TH AVE APT 404	SUNRISE FL 33351

500004685075
-11/16/01--01045--033
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SAWHNEY, SRI D
3240 N.W. 54TH AVENUE
APT 404
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name **SAWHNEY, SRI D.**

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

5903 NW 69 AV.

Suite, Apt. #, Etc.

City

Tamarac

State

Zip Code

FL

33321

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

SIGNATURE REQUIRED

Date **10-25-01**

REGISTERED AGENT MUST SIGN

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 #

10-25-01 (954) 722 3045



Styles Imports Inc.

10-25-01.

Florida . Department of State .

Reference : For. filling late for renewal.

Sir/madam, Due to the fact that I am filling late . is because I did not received any form or application . in mail . It could have got lost in the mail .

These is a new Corporation . I would appreciate and be very thankful if . you wave the late fees these time . I . will be Careful nexttime . chek for \$150-00 is enclosed .

SRI . D . sawhney

 sawhney

10-25-01.