

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000071018**

1. Corporation Name

**ANTHONY FASHION, INC.**

Principal Place of Business

478 N E 125TH STREET  
NORTH MIAMI FL 33161

Mailing Address

478 N E 125TH STREET  
NORTH MIAMI FL 33161

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

07/24/2000

5. FEI Number

65-1035959

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GEORGES, ANTHONY	2751 N E 213TH STREET	NORTH MIAMI BEACH FL 33180
D	GEORGES, GLADYS	2751 N E 213TH STREET	NORTH MIAMI BEACH FL 33180

400024101124  
10/27/03--01006--019 \*\*158.75

*10/29*

8. Name and Address of Current Registered Agent

GEORGES, ANTHONY  
2751 N E 213TH STREET  
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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*

Date

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/27/03*

Daytime Phone #

CR20040 (7/03)

**ANTHONY FASHION, INC.**  
**478 NE 125<sup>TH</sup> Street**  
**N Miami, Fl. 33161**

10/19/03

Florida Dept. of State  
P. O. Box 1500  
Tallahassee, Fl. 32302

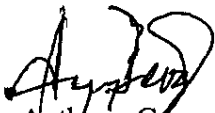
Ref: P00000071018

Dear Sir/Madam,

I am in receipt of your letter dated 04/21/03 with the annual report that I filed attached, in which you are requesting payment. Upon mailing the report I left the State and never realized that I hadn't sent in the check for the payment of the renewal. Kindly accept the check in the amount of \$ 158.75, which would represent the payment of \$ 150.00 plus \$ 8.75, the cost of the certificate.

I thank you for your kind consideration.

Sincerely,

  
Anthony George  
President