

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000081341

1. Corporation Name

SARYLU FASHIONS, INC.

2. Principal Office Address

134 NE 2nd AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33132

Country

Miami - Ode

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/2000

5. FEI Number

65-1032822

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

Alex T. Barak, Esquire

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

4601 Sheridan St. Suite 206

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33021

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

Alex Barak

REGISTERED AGENT MUST SIGN

Date

2/20/04

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, VP SARA ZEITUN T.S.		134 NE 2nd Ave Miami, FL 33132	

800030599068
03/17/04-01016-030 **1200.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

General Manager

Yusef Zeitun

2/20/04

Date

Daytime Phone #

305-371-4611

CR2E081 (9/01)