

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 27 PM 3:55

TALLAHASSEE, FLORIDA

DOCUMENT # P00000089246

1. Corporation Name

Fashion Importers, Inc
c/o K. Del Calvo

2. Principal Office Address

100 S. Birch Rd

3. Mailing Office Address

100 S Birch Rd

Suite, Apt. #, etc.

Apt 1101

Suite, Apt. #, etc.

Apt 1101

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33316

Country

U.S.

Zip

33316

Country

U.S.

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

9/19/2000

5. FEI Number

52-2265709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fonzo Wells c/o K. Del Calvo

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

100 S. Birch Rd

Suite, Apt. #, Etc.

Apt 1101

City

Fort Lauderdale

State

FL

Zip Code

33316

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

Fonzo Wells

Date

1-20-03

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	Fonzo Wells	100 S Birch Rd # 1101	Fort Laud. FL 33316

6010010935736
01/22/03--01107--007 **308.75

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:

Fonzo Wells

1-20-03 954 383 1654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)