

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -7 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **900000110665**

1. Corporation Name

J.F.Safie, Inc.

REINSTATEMENT 05/07

11/24/06 - 01034 016 211.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1740 Brooks Ln.

3. Mailing Office Address
1740 Brooks Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

Zip
32765

Country
USA

Zip
32765

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3695345

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
Safie, Jose F.

Street Address (P.O. Box Number is Not Acceptable)
1740 Brooks Ln.

Suite, Apt. #, Etc.

City
Oviedo,

State
FL

Zip Code
32765

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **July 25, 2007**

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
PD	Safie, Jose F.	1740 Brooks Ln.	Oviedo, FL. 32765
DS	Safie, Rosa I.	1740 Brooks Ln.	Oviedo, FL. 32765
T.	Safie, Francisco F.	1740 Brooks Ln.	Oviedo, FL. 32765
VP	Safie, Fernando	1740 Brooks Ln.	Oviedo, FL. 32765
Co.VP	Safie, Elias E.	1740 Brooks Ln.	Oviedo, FL 32765

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07/30/07--01054--010 **238.75

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 contained in Chapter 119, 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

JOSE SAFIE PRESIDENT

7/25/07
Date

3212312467
Daytime Phone #

Oviedo, FL. July 25, 2007.

J.F.Safie, Inc
1740 Brooks Ln.
Oviedo, FL.32765

Document #P00000110665

Attention: Miss. Michelle Milligan.

This is a letter to let know , we did not receive the anual report notice for 2006 on November , 2006.

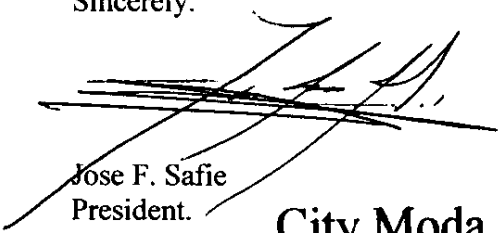
I am please asking to waive any penalty for the above reason.

Please find enclosed a check for \$238.75

Any Question Please feel free to contact me at (321)231-2467.

Thank you for your time.

Sincerely.



Jose F. Safie
President.

City Moda Shoes
J.F. Safie, Inc.