

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **000000110886**

1. Corporation Name

ECO MODA CORPORATION OF AMERICA

2. Principal Office Address

4350 POST AVENUE

3. Mailing Office Address

4350 POST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

651081850

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

MYRIAM BENGUIGUI

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

4350 POST AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State
FL

Zip Code
33140

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

Date

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
PRES	MYRIAM BENGUIGUI	4350 POST AVENUE	MIAMI BEACH, FL 33140
			MIAMI BEACH, FL 33140

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

Date

Daytime Phone #

Myriam Benguigui **Sep 22 / 03** **305-633-0784**

CR2E081 (10/02)

7/9/25



Corp. Of America



2029 NW 22 CT. Miami, FL 33142

Myriam Benguigui

Phone: 305-633-0787 Fax: 305-633-1378

E-Mail: EcoModaUSA@aol.com

September 22, 2003

To Whom It May Concern:

Dear Sir/Madam,

Enclosed please find our corporation reinstatement form along with a check for \$150.0 + 8.75 for certificate of status.

Our company moved from the address on your file and forwarding order expired by the time we were supposed to receive the renewal papers.

I have been in and out of the office and forgot to renew the company, our TAX payments are up to date and hope you will understand the circumstances and renew our company without the penalty fees.

Thank you in advance


MYRIAM BENGUIGUI
President