

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000007507

1. Corporation Name

Alta Moda of Orlando, Inc.

2. Principal Office Address

1231 N. Orange Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

3. Mailing Office Address

1231 N. Orange Avenue

Suite, Apt. #, etc.

City & State

Orland, FL

Zip

32804

Country

USA

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

01/19/2001

5. FEI Number

59-3697764

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

Phillip Rosado

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

1231 N. Orange Avenue

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32804

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 11/05/2002

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	Phillip Rosado	1231 N. Orange Avenue	Orlando, FL 32804
D	Eileen Rosado	1231 N. Orange Avenue	Orlando, FL 32804

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11/07/02--01023--019 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2002

Date

407-228-4555

Daytime Phone #

CR2E001 (9/01)

282

Altamoda of Orlando, Inc.

1231 N. Orange Avenue • Orlando, FL 32804

Tel: (407) 228-4555 • Fax: (407) 481-2236

October 30, 2002

To whom it may concern:

This is to inform you that as of this date we have not received the annual unified business report and have just received a *Certificate of Administrative Dissolution or Revocation*.

Enclosed please find our reinstatement form along with a 150.00 check. Please make the proper changes with our correct information so that this will not be a problem in the future.

If you need any further information please feel free to contact me at the number or address provided above.

Sincerely,



Phillip Rosado
President

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