

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035937

1. Corporation Name

OMEGA'S FASHIONS, Inc.

ARSENE OMEGA

2. Principal Office Address

5401 N.W. 2nd Ave

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33127

Country

U.S.A.

3. Mailing Office Address

Same 5401 N.W.

Suite, Apt. #, etc.

2nd Ave

City & State

Miami FLA

Zip

33127

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1980

5. FEI Number

592003611

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

ARSENE OMEGA

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

5401 N.W. 2nd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

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

Arsene Omega
REGISTERED AGENT MUST SIGN

Date

03-18-04

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
<u>Sec.</u>	<u>OMEGA Lucien</u>	<u>5401 N.W. 2nd Ave</u>	<u>Miami Fla 33127</u>
<u>Tre</u>	<u>OMEGA Willy</u>	<u>5401 N.W. 2nd Ave</u>	<u>Miami FLA 33127</u>

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:

Arsene Omega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/04

Daytime Phone #

(305) 754-7998

CR2E081 (10/02)