

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG -4 AM 8:18

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000041640

**1. Corporation Name**

CHINY'S FASHIONS, INC.

W06-32248

**2. Principal Office Address**

2050 W. 56 ST

Suite, Apt. #, etc.

18

City & State

MIAMI, FL

Zip

33016

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**  
CR2E081 (12/05)

04-06

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

**5. FEI Number**

65-1095062

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

NILDA BARRALES

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

2050 W. 56 ST

Suite, Apt. #, Etc.

18

City

HALEAH

State

FL

Zip Code

33016

**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

X Micky Baul

Date

7/12/06

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
<u>P</u>	<u>NILDA BARRALES</u>	<u>2050 W. 56 ST #18</u>	<u>HALEAH / FL / 33016</u>

410078729514  
08/15/06--01043--001 \*\*1050.00

**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:

X Micky Baul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

Date

305-826-4200

Daytime Phone #

B. Mitchell AUG 14 2006