

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 20 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042820

1. Corporation Name

STUDIO ONE FASHION, INC.

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REINSTATEMENT 02-03

900021012379
06/19/03--01048--004 **400.00

900021012379
06/19/03--01048--003 **500.00

2. Principal Office Address

4111 SW 154 COURT

3. Mailing Office Address

4111 SW 154 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 27, 2001

5. FEI Number

68-0494346

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

ENEAS RENE MAZA

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

4111 SW 154 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

Eneas Rene Maza (AES)

REGISTERED AGENT MUST SIGN

Date 05/21/03

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
DPTS	ENEAS RENE MAZA	4111 SW 154 COURT	MIAMI, FL 33185

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:

Eneas Rene Maza (AES) ENEAS RENE MAZA

05/21/03

305-389-3589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)