

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000072208

1. Corporation Name

LA MEDIA LUNA FASHIONS OUTLET INC.

Principal Place of Business

~~15000 SW 89TH COURT~~
~~MIAMI FL 33176~~

Mailing Address

15000 SW 89TH COURT
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9570 SW 160 ST.

3. New Mailing Office Address, If Applicable

9570 SW 160 ST.

Suite, Apt., etc.

MIAMI, FL 33157

Suite, Apt., etc.

MIAMI, FL 33176

City & State

City & State

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

651123038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SILWANY, JOSE A	15000 SW 89TH COURT	MIAMI FL 33176
D	SILWANY, LILA A	15000 SW 89TH COURT	MIAMI FL 33176

600008565956
10/24/02--01044--007 **150.00

DR 10/28

8. Name and Address of Current Registered Agent

SILWANY, JOSE A
15000 SW 89TH COURT
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct-22-2002

11. 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
JOSE A. SILWANY Oct/22/02 305 3788397

Date

Daytime Phone #

CR2040 (8/02)

October 22/2002

To whom it may concern:

Ref: 2002 annual report/uniform report.
LA MEDIA LUNA FASHIONS OUTLET Inc.

This letter is to inform you that we never received any notice before October 21 about the filing of an annual report, and to ask to return our corporation to an active status.

Enclosed please find the form to reinstate, and a check #1230 for the amount of \$150⁰⁰.

Please understand that this is our first year having a Corporation, and everything is new or unknown for us, but now we know what have to be done.

Sincerely.