

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUL 28 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000092266*

1. Corporation Name

*D'VILLA Fashions, Inc.*

2. Principal Office Address

*299 E 13 ST*  
Suite, Apt. #, etc.

3. Mailing Office Address

*299 E 13 ST*  
Suite, Apt. #, etc.

City & State

*Hiawah FL*

City & State

*Hiawah FL*

Zip

*33010*

Country

*USA*

Zip

*33010*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*1/1/02*  
*65-1149037*

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

*Evelio Villa Jr.*

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

*299 E 13 ST*

Suite, Apt. #, Etc.

City

*Hiawah*

State

*FL*

Zip Code

*33010*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *7-14-03*

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
Pres.	<i>Evelio Villa Jr.</i>	<i>299 E 13 ST</i>	<i>Hiawah FL 33010</i>
Sec.	<i>Evelio Villa</i>	<i>205 Totolochie Dr.</i>	<i>Hiawah FL 33010</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EVELIO VILLA JR*

Date

*7/14/03*

Daytime Phone #

CR2E08: (9/95)

2/2

Florida Department of State  
Division of Corporation  
Tallahassee, Fl

July 22nd, 2003

Ref: D'Villas Fashions, Inc.  
Document # P01000092266  
299 East 13 Street  
Hialeah, Fl 33010

We never received the Annual Report for the year 2003.

Please, cancel the penalties.

Thank you

  
D'Villa Fashions, Inc.

Evelio Villa Jr.  
President