

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 5:00

DOCUMENT # *P01000098228*

1. Corporation Name

CENNAMO COUTURE CORPORATION

2. Principal Office Address

8341 NW 64 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

8341 NW 64 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

REINSTATEMENT *02-04*
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2001

5. FEI Number

☒ 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

MARIA LUISA FLORES

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

8341 NW 64 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

200027979572
*01/30/04--01062--006 **450.00*

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

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
<i>P</i>	<i>MARIA L. FLORES</i>	<i>8341 NW 64 STREET</i>	<i>MIAMI, FL. 33166</i>
<i>VP</i>	<i>ANTONIO CENNAMO</i>	<i>8341 NW 64 STREET</i>	<i>MIAMI, FL. 33166</i>
<i>VP</i>	<i>RAFAEL A. CENNAMO</i>	<i>8341 NW 64 STREET</i>	<i>MIAMI, FL. 33166</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

Date

305 406 0085

Daytime Phone #

CR2E081 (10/02)

292

Cennamo Couture Corporation

8341 N.W. 64 Street

Miami, FL. 33166

January 21, 2004

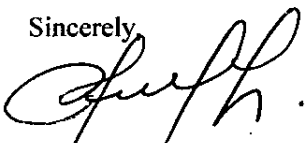
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Attention: Reinstatement Department

To Whom It May Concern:

Please note that our company did not receive the renewal notice for year 2002. Enclosed find a reinstatement form and a check for \$ 450.00. I thank you for your cooperation on this matter and for waiving any late fees.

Sincerely



Maria L. Flores