

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000100248**

1. Corporation Name

CALIFORNIA FASHIONS, INC.

Principal Place of Business

Mailing Address

2975 NE 190TH STREET
APT. 107
AVENTURA FL 33180

2975 NE 190TH STREET
APT. 107
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2001

5. FEI Number

65-1150357

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ABEID, JULIO RICARDO	2975 NE 190TH STREET APT. 107	AVENTURA FL 33180
VD	BAUSSIANO, SHELLA	2975 NE 190TH STREET APT. 107	AVENTURA FL 33180

700023870857
10/17/03--01022--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABEID, JULIO R
2975 NE 190TH STREET
APT. 107
AVENTURA FL 33180

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

REGISTERED AGENT MUST SIGN

Date

10/13/03

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

Date

10/13/03 954-484-7616

Daytime Phone #

CR2E040 (7/03)

California Fashions, Inc.

2995 NE 190TH Street
Aventura, Florida 33180

Tel: 954-484-7616

Florida Department of State
Uniform Business Report
PO Box # 1500
Tallahassee, Fl 32302-1500

October 10, 2003

California Fashios, Inc.
P01000100248

To Whom It May Concern:

Hoping that you will be able to help me and reinstate and fees waiving, this is the only notice that I had received from the Department of State.

I did had lots of problems with my mail box where I live this has been taken care since someone was braking the mail box and destroying the correspondence I did not received my annual report; I do need to have my corporation active since is my only resource of living for my family and I.

I thank you for you assistance.

If I can be further assistance, please don't hesitate to call at above telephone number at any time.

Sincerely,


Julio Ricardo Abeid