

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ps 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
104 APR 30 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000117202**

1. Corporation Name

FASHION WORLD ACCESSORIES, INC.

2. Principal Office Address

19323 CAROLINA CIR.

Suite, Apt. #, etc.

SUITE A

City & State

BOCA RATON, FL

Zip

33434

Country

USA

3. Mailing Office Address

P.O. BOX 971341

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33497

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-17-01

5. FEI Number

65-1158-939

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

NEVITA C BLEVINS

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

19323 CAROLINA CIR. SUITE A

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

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

Nevita C Blevins

Date

04/16/04

REGISTERED AGENT MUST SIGN

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.	NEVITA C BLEVINS	19323 CAROLINA CIR	
		BOCA RATON, FL 33434	BOCA RATON,
			FLORIDA

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:

NEVITA C. BLEVINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/16/04

Daytime Phone #

561-212-0856

CR2E081 (01/04)

TR

123 2072

Division of Corporation
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

April 7, 2004

Fashion World Accessories, Inc.
P.O. Box 971341
Boca Raton, Fl 33497

Dear Sir or Madam:

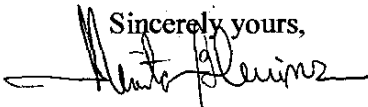
This letter is to explain why I was not compliance with my filling requirements. In my knowledge that, I thought that my accountant is taking care of my business legal papers. But when I called April 7, 2004 the lady at the Tallahassee told me that my business-corporation is inactive and no longer in business. I did not receive any of my "uniform benefit report of 2002 therefore, I had no idea that I didn't file for those years. Please consider my lack of experience of doing business.

In the future, I will know to look for my forms if I don't receive them, and this will not happen again. If you have questions regarding my letter you can reach me at this number (561) 212-0856.

When I called the agency I was told by the representatives that if I wrote a letter explaining the circumstances I would probably be permitted to reinstate for the back fees which I was told \$ 450.00 dollars total. Please advise me if this is okay and I will send a check immediately.

The document number of this corporation is P01000117202.

Sincerely yours,



Nenita C. Blevins