

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 30 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117202

1. Corporation Name

FASHION WORLD ACCESSORIES INC.

300162352583  
10/30/09--01044--001 \*\*450.00

CR2E081 (12/08)

2. Principal Office Address --No P.O. Box # 8306 ACACIA AVE		3. Mailing Office Address P.O. BOX 10904	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State BROOKSVILLE, FL	
Zip 34607	Country USA	Zip 34601-3013	Country USA

4. Date Incorporated or Qualified To Do Business in Florida OCT-28, 2009

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 NENITA BLEVINS		
Street Address (P.O. Box Number is Not Acceptable) 8306 ACACIA AVE.		
Suite, Apt. #, Etc.		
City SPRING HILL	State FL	Zip Code 34607

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$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

*Nenita Blevins*

Date

10/28/09

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
OWNER	NENITA BLEVINS	8306 ACACIA AVE.	SPRING HILL, FL 34607
PRESIDENT	NENITA BLEVINS	8306 ACACIA AVE.	SPRING HILL, FL 34607

REINSTATEMENT RH

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 contained in Chapter 119, 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:

NENITA BLEVINS *Nenita Blevins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/09

Date

352-540-1900

Daytime Phone #