

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 18 AM 8:43

DOCUMENT # *P02000076338*

1. Corporation Name

A.K.A. FASHION PLUS CORP.

2. Principal Office Address

1347 S. STATE RD. 7

Suite, Apt. #, etc.

N/A

City & State

NORTH

LAUDERDALE FL.

Zip

33068

Country

U.S.A.

3. Mailing Office Address

1347 S. STATE RD. 7

Suite, Apt. #, etc.

N/A

City & State

NORTH LAUDERDALE, FL.

Zip

33068

Country

U.S.A.

REINSTATEMENT *03-05*

4. Date Incorporated or Qualified To Do Business in Florida *July 12, 2002 (EFF)*
FILED July 15, 2002

5. FEI Number

52-2366638

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

EUGENIO A. DE SOUZA

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

5440 N.W. 55th BLVD.

Suite, Apt. #, Etc.

APT. 302

City

COCONUT CREEK

State

FL

Zip Code

33073

000058734350

*08/18/05--01045--002 **1051.00*

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

REGISTERED AGENT MUST SIGN

Date *08.17.2005*

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>PRESIDENT</i>	<i>EUGENIO A. DE SOUZA</i>	<i>5440 N.W. 55th BLVD. # 302</i>	<i>COCONUT CREEK FL. 33073 (33073)</i>
<i>SECRETARY</i>	<i>YANETH M. SALINAS</i>	<i>5440 N.W. 55th BLVD. # 302</i>	<i>COCONUT CREEK FL. 33073</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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08.17.05

Daytime Phone #

954 559-0934

CR2E081 (01/05)