

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 13 AM 9:51

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000 41725-**

1. Corporation Name

Caribbean Fashion Access, Inc.
19457 SW 27th St.
Miramar, FL 33029

2. Principal Office Address

19457 SW 27th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Zip **33029** **Country** **USA**

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

4/14/2003

5. FEI Number

65-1183830

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

1224, Inc. (2204)

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

705 SW 107th Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

**State
FL**

Zip Code

33025

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

7/10/06

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
PR	Jennifer Louissant	19457 SW 27th Street	Miramar FL 33029

900078214099
08/01/06--01028--023 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

7/10/2006

Daytime Phone #

**(561)
574-7648**