

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 28 PM 5:02

SECRET
TALLAHASSEE, FL 32301

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000050610

1. Corporation Name

BROTHERS THREE FASHION, INC.

600062441766
12/28/05--01043--003 **750.00

2. Principal Office Address
2428 NW 20 ST.

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33142

Country
USA

3. Mailing Office Address
2428 NW 20 ST.

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33142

Country
USA

REINSTATEMENT 2005

4. Date Incorporated or Qualified
To Do Business in Florida 05/07/2003

5. FEI Number
56-2353976

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
SHOMAR, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
7777 NW 146 STREET

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33016

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 12/23/2005

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
P/S/T	ALABED, NAEL	850 N MIAMI AVE #1406W	MIAMI, FL, 33136
VP	ALABED HANAN	850 N MIAMI AVE #1406W	MIAMI, FL, 33136

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

NAEL ALABED

12/23/2005

Date

305-6965366

Daytime Phone #