

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 APR -4 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12/05 01060 006 81.75
4/22/05 90322 010 150.00



REINSTATEMENT

02172006

REIN-P

CR2E098 (11/05)

0506

4. FEI Number

57-1203289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERA, ROXANA
10885 NW 50 ST # 112
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVERA, ROXANA
STREET ADDRESS 10885 NW 50 ST # 112
CITY-ST-ZIP MIAMI, FL 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

600070441956
04/14/06--01023--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20/2

Roxana Silvera
10885 N.W. 50th Street
Suite 112
Miami, Florida 33178

Attention Reinstatement Section
Florida Department of State
6327 Tallahassee
Tallahassee Florida 32314

Dear Reinstatement Department:

My name is Roxana Silvera, I am the President of the company named Pauligi Fashions Inc., Document # P04000059350. Currently the status of this company is INACTIVE. I spoke to your office and explained that I had paid the fees due for the year 2005, but was told that my corporation was dissolved due to the section # 4 not being filled out completely when I filed last year. I never received notice stating that section # 4 was not completed and my Tax ID number was missing therefore would like to have my company reinstated.

After speaking with a representative from your office named Lee, I have enclosed a check for \$150 for my re-instatement. I understand that you currently already have a check from 2005 for the amount of \$150 and I only owe an additional \$150 for the year of 2006.

My information is as follows:

Federal Tax ID # 571203289
Document # P04000059350

Sincerely,


Roxana Silvera
President