

2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130949

1. Entity Name
ELENA'S CLOTHIER CO.



FILED

07 JAN 10 PM 4:27

Principal Place of Business
394 TAMiami CANAL RD.
MIAMI, FL 33144

Mailing Address
394 TAMiami CANAL RD.
MIAMI, FL 33144

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
6518 SW 129 AVE
Suite, Apt. #, etc.

3. Mailing Address
6518 SW 129 AVE
Suite, Apt. #, etc.

10062006 REIN-P CR2E098 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-1705606
Applied For
Not Applicable

Zip
33183
Country
DADE

Zip
33183
Country
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUELLAR, ELENA
394 TAMiami CANAL RD.
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
ELENA CUELLAR
Street Address (P.O. Box Number is Not Acceptable)
6518 SW 129 AVENUE
City
MIAMI FL Zip Code
33183

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

(NOTE: Registered Agent signature required when reinstating)

9/1/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	P/S CUELLAR, ELENA 394 TAMiami CANAL RD MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S CUELLAR, ELENA 6518 SW 129 AVE MIAMI FLORIDA 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elena Cuellar*

JC 1/11