

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2008 SEP 15 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000139643

1. Corporation Name

FASHION MODELS INC

2. Principal Office Address - No P.O. Box #

13923 SW 103 LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

DADE

3. Mailing Office Address

13923 SW 103 LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

DADE

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-08-2004

5. FEI Number  
201847313

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

GUADALUPE ESTUPINAN

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

13923 SW 103 LN

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Guadalupe Estupinan*  
REGISTERED AGENT MUST SIGN

Date 9-17-08

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
PD	GUADALUPE ESTUPINAN	13923 SW 103 LN	MIAMI FL 33186
VP	OLGA ESTUPINAN	13923 SW 103 LN	MIAMI FL 33186

700136140227  
09/19/08--01008--008 \*\*308.75

**STATEMENT**

**REINSTATEMENT**

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:

*Guadalupe Estupinan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-17-08

Daytime Phone #

786-506-5577



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2008

MADERA CUSTOM CABINETRY  
2400 FORSYTH RD, STE 105A  
ORLANDO, FL 32807

01280860037021

Subject: **MADERA CUSTOM CABINETRY**  
RE: 108A00050870

We have received your document for the above Fictitious Name Registration; however, the document **has not been filed** and is being returned for the following:

To notify this office of a change of ownership of the above fictitious name registration, complete Sections 1 through 4 of the enclosed application. The fee to process the application is \$50.

The check for \$60 is being return.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section  
Division of Corporations

Letter No. 108A00050870