

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 SEP 14 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P0400015.8171

Geovi's Fashion Inc.

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

2013 NW 62 CT

Suite, Apt. #, etc.

3. Mailing Office Address

2013 NW 62 CT

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

**REINSTATEMENT**

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11-19-2004

5. FEI Number

☒ 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

Geovanna Olivares

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

2013 NW 62 CT

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33015

☐ 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

*Geovanna Olivares*

REGISTERED AGENT MUST SIGN

Date 9-10-07

**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	Geovanna Olivares	2013 NW 62 CT	Hialeah, FL 33015
V	Estefania Soto	2013 NW 62 CT	Hialeah, FL 33015
	<i>ma/m</i>		

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09/14/07--01041--001 \*\*1058.75

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:

*Geovanna Olivares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-07

Date

(286) 395-4069

Daytime Phone #