

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 DEC -1 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000158951

1. Corporation Name

STYLE FASHION ENTERTAINMENT INC.

2. Principal Office Address

1670 LINCOLN CT

Suite, Apt. #, etc.

6 B

City & State

MIAMI BEACH

Zip

33139

Country

USA

3. Mailing Office Address

1670 LINCOLN CT

Suite, Apt. #, etc.

6 B

City & State

MIAMI BEACH

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 22, 2004

5. FEI Number

201920457

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

AMARAL, BRANCA

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

10913 NE 9TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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

[Signature]

Date

11/27/2006

REGISTERED AGENT MUST SIGN

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
DPST	RIZZO, MASSIMO	1670 LINCOLN CT #6B	MIAMI BEACH, FL 33139

REINSTATEMENT

05-06 JSC

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:

[Signature] **MASSIMO RIZZO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/2006

Daytime Phone #

3056425120