

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000031868

1. Entity Name
LA DONNA'S SCARFWEAR OF MIAMI, INC.



Principal Place of Business
14400 GRAVES DRIVE
MIAMI, FL 33176

Mailing Address
14400 GRAVES DRIVE
MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #
14400 Graves Drive

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33176

Country
USA

Zip

Country



REINSTATEMENT 06-07

4. FEI Number
30-2427763

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

A BERNARD FINANCIAL SERVICES
9032 SW 152ND STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
Donna H. Williams

Street Address (P.O. Box Number is Not Acceptable)
14400 Graves Dr.

City
Miami FL Zip Code
33176

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
Donna H. Williams

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

(NOTE: Registered Agent signature required when reinstating)

1/31/07

DATE

FILE NOW!!! FEE IS \$900.00

800088711728
02/19/07--01020--026 **300.00

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS WILLIAMS, DONNA
CITY-ST-ZIP 14400 GRAVES DRIVE
MIAMI, FL 33176 ☐ Delete

TITLE
NAME VPD
STREET ADDRESS EDWARDS, EDITH
CITY-ST-ZIP 14400 GRAVES DRIVE
MIAMI, FL 33176 ☐ Delete

TITLE
NAME SD
STREET ADDRESS ALCINDOR, BRANDYCE
CITY-ST-ZIP 14400 GRAVES DRIVE
MIAMI, FL 33176 ☐ Delete

TITLE
NAME TD
STREET ADDRESS JACKSON, SUMMER
CITY-ST-ZIP 14400 GRAVES DRIVE
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Donna H. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

(305) 238-6095
Daytime Phone #



La Donna's "Scarfwear" we scarf you all over

January 31st, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We did not receive our annual report notice for the year 2006. We are requesting that the reinstatement fee be waived because of no prior notice given. We have enclosed the annual report fee for 2006 and 2007. Thank you for your prompt attention.

Sincerely,

Donna Harrington Williams, President
La Donna's Scarfwear of Miami
(305)238-6095