

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115593

1. Entity Name
MAGGIE FASHION DISCOUNT, INC.



FILED

2006 DEC 20 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



12192006 REIN-P CR2E098 (11/05)

4. FEI Number
26-0125070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO, MAGGIE M
4583 EAST 10TH COURT
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Maggie M Alfonso*
Signature, typed or printed name of registered agent and title if applicable.

12/19/2006
DATE

(NOTE: Registered Agent signature required when reinstating)

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 P
NAME ALFONSO, MAGGIE M ☐ Delete
STREET ADDRESS 4583 EAST 10TH COURT
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP ☐ Change ☒ Addition
NAME RODRIGUEZ, MAGALYS
STREET ADDRESS 2305 East 4 Avenue Apt.104
CITY-ST-ZIP Hialeah FL 33013

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

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

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

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

REINSTATEMENT

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: *Maggie M Alfonso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/06 (305)362-9139
Date Daytime Phone #