

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000143844

1. Corporation Name

O.M.'s CORNER URBAN WARE, Inc

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

3110 NW 88 Ave

3. Mailing Office Address

3110 NW 88 Ave

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

407

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

US.

Zip

33351

Country

US.

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-05

5. FEI Number

20-3123335

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

George Azar

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

3110 NW 88 Ave

Suite, Apt. #, Etc.

407

City

Sunrise

State

FL

Zip Code

33351

☒ 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

George Azar

Date 03/23/07

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
D P	George Azar	3110 NW 88 Ave #407	Sunrise FL 33351
			700095009357 04/05/07--01049--003 **\$300.00

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:

George Azar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/07

Date

Daytime Phone #