

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000095028

1. Corporation Name

MOWAA FITNESSWEAR, INC.

600171024476
03/02/10--01027--014 **300.00

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

7273 NW 1st MANOR

Suite, Apt. #, etc.

3. Mailing Office Address

7273 NW 1st MANOR

Suite, Apt. #, etc.

City & State

PLANTATION

City & State

PLANTATION

Zip

FLORIDA

Country

33317

Zip

FLORIDA

Country

33317

REINSTATEMENT 09-10
CR2E081-11/09

4. Date Incorporated or Qualified
To Do Business in Florida 08/24/2007

5. FEI Number
26-0776697

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

MONICA V. D'ALMEIDA

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

Suite, Apt. #, Etc.

7273 NW 1st MANOR

City

PLANTATION

State

FL

Zip Code

33317

☒ 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

Monica V. D'Almeida

REGISTERED AGENT MUST SIGN

Date 02/25/2010

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	MONICA V. D'ALMEIDA	7273 NW 1st MANOR	PLANTATION, FL 33317

2.3/3

10. E-mail Address: MONICA.VIANNAS @ YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Monica V. D'Almeida

MONICA V. D'ALMEIDA

02/25/2010 954-337-1568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #