

FILING CANCELLED
RETURNED CHECK

**2012 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P10000034790					
1. Entity Name MODEST FORMAL WEAR INC.					
Principal Place of Business 1500 APALACHEE PKWY STE 1335 TALLAHASSEE, FL 32301			Mailing Address 1500 APALACHEE PKWY STE 1335 TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent MATTHEWS, NATALIE 9194 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Matthews, Natalie Street Address (P.O. Box Number is Not Acceptable) 2987 Bayshore dr Tallahassee FL 32309 City Tallahassee FL Zip Code 32309	
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 Natalie Matthews DATE 5-2-12 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MATTHEWS, NATALIE 9194 SHOAL CREEK DR TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Matthews, Natalie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2987 Bayshore dr Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUSH, RANDOLPH 1767 HERMITAGE BLVD STE 3209 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	800234193278 05/02/12--01008--003 **\$900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Natalie Matthews 5-2-12 Natalie Matthews 30 e yahoo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS</small>					

FILED
12 MAY -2 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022012 REIN-P CR2E098 (12/11)

4. FEE Number **272408007** Applied For ☒ Not Applicable ☐

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