

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY -9 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P10-34790

1. Corporation Name

Modest Formal wear inc.

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

1500 Apalachee Pkwy

Suite, Apt. #, etc

St 1335

City & State

Tallahassee, FL.

Zip

32301

Country

U.S

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Zip

Country

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-2408007

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

Natalie Matthews

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

1136 Richardson Road

Suite, Apt. #, Etc.

Tallahassee

City

State

FL

Zip Code

32301

900247771549
05/09/13--01016--026 **1050.00

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

Natalie Matthews

REGISTERED AGENT MUST SIGN

Date

5-10-13

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
Secy	Randolph Bush	1767 Hermitage Blvd St 3209	Tallahassee FL.
Pres	Natalie Matthews	1136 Richard	Same above

REINSTATEMENT

PLH

10. E-mail Address:

Natalie Matthews 30 @ 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Natalie Matthews

Natalie Matthews

5-10-13

339-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #