PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 DEC 29 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p14000069994

300293745243
12/30/16--01003--003 **900.00

CR2E081 (11/10)

1. Corporation Name
STYLE XPRESS STORES , COMPANY
~~stylexpressstores,co~~

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1936 bruce b down	1936 bruce b down
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: wesley chapel fl	City & State: wesley chapel fl
Zip: 33543 Country:	Zip: 33543 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — X 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: andreh papouyan
Street Address (P.O. Box Number is Not Acceptable): 1936 bruce b down
Suite, Apt. #, Etc.:
City: wesley chapel State: FL Zip Code: 33543

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 _____ Date 12/29/16.
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
pres	andreh papouyan	1936 bruce b down	wesley chapel fl33543

10. E-mail Address: _____
(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: _____ Date 12/29/16. Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ASHTON