

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P31364

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31364**

1. Corporation Name

To Ro Fashions, Inc

2. Principal Office Address

8780 NW 102ND ST

Suite, Apt. #, etc.

City & State

Medley 71

Zip

33178

Country

3. Mailing Office Address

8780 NW 102ND ST

Suite, Apt. #, etc.

City & State

Medley 71

Zip

33178

Country

4. Date Incorporated or Qualified

To Do Business in Florida **10/12/90**

5. FEI Number

13-3578081

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

Robert Rubenstein

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

2545 Sanctuary Dr

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33317

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

[Signature]

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.	Robert Rubenstein	2545 Sanctuary Dr	Weston, 71 33317
V. Pres.	Jonathan Rubenstein	12530 SW 75 TH Ave	Pinecrest, 71 33156

REINSTATEMENT

91.00 sus
dec

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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #