ΑÞ	e/Ica/	PLEASE READ	ALL MIST	RUCTIONS A DEPARTME	BEFORE O	1	NG THIS FORM.		
-REID	FOR STATE			Kat er be Secretary			FILED		
DOCUMENT # P9400002382						99 NOV -1 AM 8: 28			
1. Corporation Name						SECRETARY OF STATE			
FOUR	SEASO	NS FASHIONS,	INC.				LAHASSEE, FLORIDA		
Principal Place of Business Ma				Mailing Address			a Milit Bakin Galili Bâhil Bowl Galih Jamid 14040 saka	år ifilit star sårs	
2640 NW 5 MIAMI FL 3 US				2640 NW 5TH AVE Miami Fl 33127 US					
		incorrect in any way, line t Address, If Applicable			mation and enter correction below. Office Address, if Applicable 4.		orated or Qualified		
Suite, Apt	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			To Do Business in Florida 01/11/1994		
City & State			City & State	City & State		5. FEI Number Applied For Not Applicable			
Zip Country		Zip Country		у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Figure 1 for a Continuate of Status				
7. Names and Street Addresses of Each Officer and			nd/or Director (Flo						
Title(s)	Name of Officers and/or Directors 2 3			Of	Street Address of Each Officer and/or Director		City / State / Zip		
PD	SINGH, HARINDER P			2640 NW 5TH AVE		MAM FL 33127			
						51	5000030386150 -11/08/9901123016 ****150.00 ****150.00		
i] *****T5U,UU ****	*120.00	
							S	P	
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
CINCH HADINGED D						P.O. Box Number is Not Acceptable)			
2640 NW 5TH AVE MIAMI FL 33127					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
City							State Zip Co	xde	
10. I, being	g appointed ti	ne registered agent of the a	above named corp	ation, ath familiar w	ith and accept the o	bligations of Section	on 607.0505, F.S.		
Signature o Registered			REGISTEREDAG	ENT MUST SIGN	A CONTRACTOR OF THE CONTRACTOR		Date 10-25	-31_	
this rein	nstatement ap by the corpora	oplication, the reason for di	ssolution has been ne names of individ	eliminated, the corporate livels listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption und	opter 607 or 617, F.S. I further certify th of section 607.0401 or 617.0401, F.S. der section 119.07(3)(i), F.S. The Infor	, that all fees	
SIGNA		IGNATURE AND TYPES OR I	PRINTED NAME OF	BIGNING OFFICER OR	DIRECTOR	10-2	2 5 7 3 3 3 3 5 2 5 Daytime Pho	76-P222	

10/25/93



Four Seasons Fashions Inc.

DEAR SIR/ MADAM,

I HAD MAILED OUT THE REQUIRED CHECK TO THE DEPARTMENT OF STATE WELL BEFORE THE REVOCATION DATE.

J AM TELLING YOU THIS HONESTLY

J EVEN THE CHECK# Js 3419. FOR

Some REASON YOU DID NOT RCV JT.

PLEASE TRUST ME + REINSTATE MY CORPORATIONS.

THANKING You,

Your fridtylly

HARINDER SINGE

PLEASE TRUST ME!