


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV 14 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P 946000 83482</u>					
1. Corporation Name <u>Antuly Rags Inc</u>					
2. Principal Office Address <u>3533 NW 58 Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3533 NW 58 Street</u> Suite, Apt. #, etc.			
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>			
Zip <u>33142</u>	Country <u>Miami Dade</u>	Zip <u>33142</u>	Country <u>Miami Dade</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>11/12/1994</u>	
5. FEI Number <u>65-0538270</u>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Alex J. De Trochez Jr.</u> <u>200004693682</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>3533 NW 58 Street</u> <u>-11/26/01-01074-015</u>					
Suite, Apt. #, Etc.					
City <u>Miami</u> State <u>FL</u> Zip Code <u>33142</u>					
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 <u>[Signature]</u>				Date <u>11/05/01</u>	
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	
<u>P</u>	<u>Alex J. De Trochez Jr.</u>	<u>3533 NW 58 Street</u>		<u>Miami FL 33142</u>	
<u>VP</u>	<u>Hugo A Trochez Jr.</u>	<u>3533 NW 58 Street</u>		<u>Miami FL 33142</u>	
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: <u>[Signature]</u> <u>Alex J. De Trochez Jr.</u>				Date <u>11/9/01</u> (305) 634-5407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

OFFICE USE ONLY(DOCUMENT # )

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ANJULY RAGS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
01 NOV 14 AM 10:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials