PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (97) REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092047**

1. Corporation Name
NITA'S CHILDREN'S DESIGNER WEAR, INC.

Principal Place of Business	Mailing Address
~~5656 FLAMINGO RD~~ ~~COOPER CITY FL 33330~~	5656 FLAMINGO RD COOPER CITY FL 33330

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7435 N. Augusta Drive	7435 N. Augusta Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33015 Country: US	Zip: 33015 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1994

5. FEI Number: 16-0727706 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HARRIS, CARNETTIA E	7435 N AUGUSTA DR	MIAMI FL 33015

500002356865--7
-11/25/97--01060--006
****750.00 ****750.00

REINSTATEMENT (97)
A. Alan
11/20/97

CR2E040 (8/97)

8. Name and Address of Current Registered Agent

SHARPE, LEON E
4770 BISCAYNE BLVD
SUITE 970
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name: Carnettia E. Harris
Street Address (P.O. Box Number is Not Acceptable): 7435 N. Augusta Drive
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Carnettia E. Harris Date: 11-13-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Carnettia E. Harris 11-13-97 (305)829-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #