

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 11 AM 11:43

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019025

1. Corporation Name

R.M.FABRICS DEPOT INC.

2. Principal Office Address

11686 NW 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

3. Mailing Office Address

911 E. Ponce De Leon

Suite, Apt. #, etc.

404

City & State

Coral Gables, FL

Zip

33134

Country

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/06/1995

5. FEI Number

65-0564993

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

MIGUEL PALMERO

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

911 E. Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Apt. #404

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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
DP	MIGUEL PALMERO	911 E. Ponce De Leon Blvd	Miami, FL 33134
V	MIGUEL PALMER	11686 NW 7th Ave.	Miami, FL 33168

600052115806
04/26/05--01050--003 **\$300.00

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)(l), 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:

Miguel Palmero
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-08-05 305-687-0766

Daytime Phone #

CR2E081 (01/05)

2 of 2

Florida Department of State 04/08/2005
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314
Gentlemen:


I never received the Annual Report Notice for the years 2004 and 2005.

According with instructions received from your office I am enclosing a Corporation Reinstatement form with a check for \$300.00 to pay for the Annual report for the year 2004. and 2005.

Please notice an error in the address of the registered agent the Apt. # should be #404 not 3404.

Yours very truly,

R.M. Fabrics Depot Inc.


Miguel Palmiero, Pres.