

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

96 JAN -2 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 9950000 90117

1. Corporation Name

WORLD IMAGE FASHIONS, INC

Principal Place of Business

Mailing Address

777 NW 72ND AVENUE
Suite # 3E12
MIAMI, FLA 33126

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

9600

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P, D	ALAN ARDEN KILBOURNE	8901 Thornberry Ct	Orlando, Fla 32819
VP, D	SUKANDER S. HUSSAINI	11914 DEBARY Ct	Orlando, Fla 32821

500002051625--3
-01/08/97--01131--015
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	ALAN ARDEN KILBOURNE
Street Address (P.O. Box Number is Not Acceptable)	777 NW 72ND AVENUE
Suite, Apt. #, Etc.	Suite # 3E12
City	MIAMI
State	FL
Zip Code	33126

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

SEE ATTACHED ACCEPTANCE PAGE
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SUKANDER S. HUSSAINI
Vice President

1/13/96

CR12E040 (12/95)