

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000001376

1. Corporation Name

Nadia Fashions, Inc.

2. Principal Office Address

413 Oak Business Park

Suite, Apt. #, etc.

Building 6-E

City & State

Port Orange, Florida

Zip

32119

Country

U.S.A.

3. Mailing Office Address

413 Oak Business Park

Suite, Apt. #, etc.

Building 6-E

City & State

Port Orange, Florida

Zip

32119

Country

U.S.A.

REINSTATEMENT

07200

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

January 4, 1996

5. FEI Number

59-3358884

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

Nadezda Hoffman

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

413 Oak Business Park

Suite, Apt. #, Etc.

Building 6-E

City

Port Orange

State

FL

Zip Code

32119

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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

Nadezda Hoffman

REGISTERED AGENT MUST SIGN

Date 12/8/00

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
PSTD	Nadezda Hoffman	413 Oak Business Park Building 6-E	Port Orange, Florida 32119
			LS

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:

Nadezda Hoffman

Nadezda Hoffman

12/8/00

(904) 760-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #