

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 12:05

DOCUMENT # P96000006006

1. Corporation Name

CHA CHA APPAREL, INC.

Principal Place of Business

Mailing Address

1901 MASON
SUITE 101
DAYTONA BEACH FL 32117
US

1901 MASON
101
DAYTONA BEACH FL 32117
US



REINSTATEMENT 00

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1996

Suite, Apt. #, etc.
400 A. ANSIN Blvd.
City & State
HALLANDALE, FLORIDA

Suite, Apt. #, etc.
400 A. ANSIN Blvd.
City & State
HALLANDALE, FL

5. FEI Number

59-3356638

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	MAMAN, DANIEL	642 N. GRANDVIEW AVENUE 3315 SW 49th Street Hallandale, FL 33312.	DAYTONA BEACH FL 32118 300003510753-8 -12/21/00--01077--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
MAMAN DANIEL
Street Address (P.O. Box Number is Not Acceptable)
400 A. ANSIN Blvd. #
Suite, Apt. #, Etc.
HALLANDALE
City, HALLANDALE State FL Zip Code 33009

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

SIGNATURE REQUIRED

Date 11-15-00

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-00