

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000011907

1. Corporation Name

Amy Fashion Corp

2. Principal Office Address

5442 Touchstone Dr

Suite, Apt. #, etc.

City & State

Orlando Fla

Zip

32819

Country

3. Mailing Office Address

34 Andrew Ave

Suite, Apt. #, etc.

City & State

Oakland N.J.

Zip

07436

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3358383

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

Hend Lotfy Gaber

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

7829 Satsuma Ct.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32835

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-1-05

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
PSTO	Hend Lotfy Gaber	34 Andrew Ave Oakland N.J. 07436	200054644982 05/16/05--01078--006 **450.00

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-05 201-954-7236

Daytime Phone #

7236

never get the mail

P.S. I did not receive any notice

CR2E08 (01/05)