

W05686001943

11/10/03 01085-018 \* 600.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96 0000 52044

## 1. Corporation Name

Pepe Fashions, Inc.  
1421 SW 8th St  
Miami, FL 33135

## 2. Principal Office Address

1421 SW 8th St

Suite, Apt. #, etc.

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

## City &amp; State

Miami

## City &amp; State

FL.

## Zip

33135

## Country

## Zip

## Country

4. Date Incorporated or Qualified  
To Do Business in Florida

## 5. FEI Number

65-0678012

## 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

Jose Socorro

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

7748 SW 36 St

## Suite, Apt. #, Etc.

## City

Miami, FL.

## State

FL

## Zip Code

33155

## 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

Date

REGISTERED AGENT MUST SIGN

## 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
Pres.	Jose Socorro	7748 SW 36 St	Miami, FL. 33155
Secr.	Guadalupe Garcia	7748 SW 36 St	Miami, FL. 33155

REINSTATEMENT 04-05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/05 857-3771

Daytime Phone #

CR2E081 (01/05)

12/30/04.

Corporation Division  
Tallahassee Fla.

Dear Sir: I'm the only owner of  
an small store named Pepe Fashion  
Inc. located at 1421 SW 8th St.  
Miami, Fla. 33135.

I need to re-instate my Corp.  
because my creditors and some  
customers know me by that  
name. Since last year we are  
explaining that we moved and  
gave you both address. The yearly  
form to pay the \$150.00 was lost  
and I never paid it for some  
time. Last year after a lot of letters  
and phone calls I mailed to you  
the check # 1945 \$600.00 from the  
Bank Union Planters Bank on the day  
10/23/03. I beg you to tell  
me what I shall pay this year  
to re-instate my Corporation...