

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080759

1. Corporation Name

MUGE USA

2. Principal Office Address

18720 N. Bay Road

3. Mailing Office Address

18720 N. Bay Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles, FI

City & State

Sunny Isles, F

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1997

5. FEI Number

59-3468139

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

Patrick R. Moyal

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

208 N. University Drive

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code
33024

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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
P	Didier Baroukh	18720 N. Bay Road	Sunny Isles, FI 33160

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

Daytime Phone #

015 03 365 333 3971

27 10/30

CR2E081 (10/02)

**MOYAL ACCOUNTING SERVICE
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33027
(954) 430-3930 PH
(954) 430-3939 FAX**

October 15, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

**Re: Annual Report for MUGE USA
Document# P97000080759**

Dear Sir or Madam:

Enclosed please find a check for the annual fee for SD Fashion for 2003. Mr. Baroukh is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because he moved to another location.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Moyal Accounting Services