

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 29 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000 73522**

1. Corporation Name

**VANNELI CLOTHING & PERFUMES CORP.**

2. Principal Office Address

**7248 NW 31 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33122**

Country

**DADE**

3. Mailing Office Address

**7248 NW 31 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33122**

Country

**DADE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/21/98**

5. FEI Number

**65-0860829**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-05**

**7. Name and Address of Current Registered Agent**

Name

**MARCO MARQUEZ**

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

**6039 COLLINS AVE**

Suite, Apt. #, Etc.

**# 504**

City

**MIAMI BEACH**

State

**FL**

Zip Code

**33140**

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

**MARCO MARQUEZ**  
REGISTERED AGENT MUST SIGN

Date

**6/27/05**

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
P	MARCO MARQUEZ	6039 COLLINS AVE # 504	MIAMI BEACH FL 33140
VP	FERNANDO OBISPO	870 NW 87 AVE # 507	MIAMI FL 33172

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

**MARCO MARQUEZ P.**

Date

**6/27/05**

Daytime Phone #

**305-867-4444**