

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000101184

1. Corporation Name

A.M. LE MODE, INC.,

2. Principal Office Address

855 SW 78 Avenue

3. Mailing Office Address

855 SW 78 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

33324

Country

USA

Zip

33324

Country

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-1998

SP

5. FEI Number

65-0898590

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

Michael Pardes

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

855 SW 78th Avenue

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Michael Pardes

Date

1/18/2001

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
D	Michael Pardes	855 SW 78th Avenue	Plantation, FL 33324
D	Andria Pardes	855 SW 78th Avenue	Plantation, FL 33324

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****900.00 ****900.00

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)(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.

Michael Pardes

SIGNATURE:

Michael Pardes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/2001

Daytime Phone #