PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

~~APPLICATION FOR REINSTATEMENT~~

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:03

DOCUMENT # P99000043181

2nd UBR

1. Corporation Name

LUSKA FASHION, INC.

Principal Place of Business	Mailing Address
642 W. 28 ST. HIALEAH FL 33010	642 W. 28 ST. HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/1999

5. FEI Number: 65-0919158 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ESCOTT, JUAN J	1087 W. 40 PL.	HIALEAH FL 33012
VS	ESCOTT, LUCIA R	1087 W. 40 PL.	HIALEAH FL 33012

700004690307--8
-11/21/01--01049--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ESCOTT, JUAN J 1087 W. 40 PL. HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10/26/01
REGISTERED AGENT MUST SIGN

11. 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] 10/26/01 (305) 882-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUSKA FASHION, INC.
642 W. 28th ST.
HIALEAH, FL. 33010

10/26/01

TO: Dept. OF STATE

I am writing this letter because when I received the enclosed form I called the Dept. and the lady told to send the explanation in writing. I did not received the original form to renew my corporation and now I do not have the money to pay the Reinstatement. Please accept the payment enclosed for $ 150.00 which is the cost of renewing so I can keep my small business alive and survive this bad times.

THANK you in advance for your cooperation and understanding.