

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 11:10

DOCUMENT # *P99000050069*

1. Corporation Name

LUIGI FASHION'S MIAMI DISCOUNT CORP.

2. Principal Office Address

7866 NW 52 STREET

3. Mailing Office Address

REINSTATEMENT *00-05*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/03/1999

5. FEI Number

☒ 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

LUIS REYES

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

3514 ESTEPONA AVENUE

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33178

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1-26-05*

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/D	<i>LUIS REYES</i>	<i>3514 ESTEPONA AVE</i>	<i>DORAL, FLA 33178</i>
VSTD	<i>CECILIA VILLAR</i>	<i>3514 ESTEPONA AVE</i>	<i>DORAL, FLA 33178</i>
VPD	<i>OLGA BACO LOPEZ</i>	<i>3514 ESTEPONA AVE</i>	<i>DORAL, FLA 33178</i>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-05

Daytime Phone #

CR2E081 (01/05)

Pick-up

Charter Number Only

1/26

JIMENEZ & ASSOC.

Requestor's Name

454 NW 22 Ave #209

Address

Miami FL 33125

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Wgi fashion's Miami Discount Corp

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
05 JAN 27 AM 9:08
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier