

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 31 PM 2:14

DOCUMENT # P99000070024

1. Corporation Name

OPTI STYLE INC.

2001
40R

300004765353--7
-01/10/02--01073--009
****150.00 ****150.00

2. Principal Office Address

1112 WESTON RD.

Suite, Apt. #, etc.

171

City & State

WESTON, FLA.

Zip

33326

Country

U.S.A.

3. Mailing Office Address

1112 WESTON RD.

Suite, Apt. #, etc.

171

City & State

WESTON, FLA.

Zip

33326

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/99

5. FEI Number

65-0938845

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

FABIO A. MORA

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

1112 WESTON ROAD

Suite, Apt. #, Etc.

171

City

WESTON

State
FL

Zip Code

33326

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 12/27/01

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/C	FABIO A. MORA	707 STANTON DRIVE	WESTON, FLA, 33326.

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]*

FABIO A. MORA

12/27/01. (305) 3109689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP/0001 (01/00)

67

2072

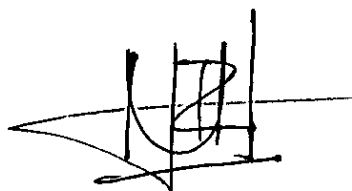
December, 27th, 2001

Department of State
Division of Corporations

This letter is to let you know that I didn't receive the Notices of Action and that's why I'm sending you the reinstatement application and the \$ 150.00 check.

Thank you very much for your cooperation,

Sincerely

A handwritten signature in black ink, appearing to read 'Fabio Mora', with a stylized flourish extending to the left.

Fabio Mora
OPTI STYLE INC
President