PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT -4 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093336

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****750.00 ****750.00

1. Corporation Name

Evening Fashions, Inc.

2. Principal Office Address
650 N.W. 43rd. Avenue
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33126
Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0971117 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: Bernardo Hazan Israel
Street Address (P.O. Box Number is Not Acceptable): 650 N.W. 43rd Avenue
Suite, Apt. #, Etc.
City: Miami, Fl
State: FL
Zip Code: 33126

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: Bernardo Hazan
REGISTERED AGENT MUST SIGN
Date 9/22/00

CR2E081 (3/99)

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 T	Bernardo Hazan Israel	Roberto Gayol 82 Ciudad Satelite Est.	Mejico 53100, Mejico

REINSTATEMENT 00 - TS

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: Bernardo Hazan President 9/22/00 305-448-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #