

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000111199

1. Corporation Name

FIRST FABRICS USA, INC.

Principal Place of Business

7455 W 2ND CT
HIALEAH FL 33014

Mailing Address

7455 W 2ND CT
HIALEAH FL 33014

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

2. New Principal Office Address, If Applicable

62 Indian Trace

Suite, Apt. #, etc. #262

City & State
Weston, FL

Zip 33326-4551 Country USA

3. New Mailing Office Address, If Applicable

62 Indian Trace

Suite, Apt. #, etc. #262

City & State
Weston, FL

Zip 33327 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

65-0972490

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
Pres.	Scott Bashaw	62 Indian Trace, #262	Weston, FL 33327
			500004779335--6 -01/17/02--01002--001 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

BASHAW, SCOTT
7455 W 2ND CT
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name

Scott Bashaw

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

62 Indian Trace

Suite, Apt. #, Etc.

#262

City

Weston

State

FL

Zip Code

33327

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

Scott D. Bashaw

REGISTERED AGENT MUST SIGN

Date 11-21-01

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:

Scott D. Bashaw SCOTT D. BASHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW

CR2E040 (801)