

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **S42424**

1. Corporation Name

NAOMI BRIDAL AND FORMAL WEAR II, INC.

Principal Place of Business

100 EAST OAKLAND PARK BLVD.
WILTON MANORS FL 33334

Mailing Address

100 EAST OAKLAND PARK BLVD.
WILTON MANORS FL 33334

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

2. New Principal Office Address, If Applicable

1572 S.E. 19th AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

& SAME

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

FL

Zip

33062

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1991

5. FEI Number

65-0261174

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EID, MARWAN	1572 S.E. 19TH AVENUE	POMPAHO BEACH FL

600003046346--1
-11/16/99--01097--005
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EID, MARWAN
1572 SOUTHEAST 19TH AVENUE
POMPAHO BEACH FL 33062

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11-1-91

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

Date

11-1-91

Daytime Phone #

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #212
Boca Raton, Fl. 33432
TEL.: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

November 1, 1999

Division of Corporation
P.O. ox 1500
Tallahassee, FL 32302-1500

Ref: Naomi Bridal & Formal Wear II, Inc.
Annual report

Dear Sirs,

The above referenced corporation has never received the annual report before that time. Please accept this application along with the check in the amount of \$150.00 for the filing fees.

Correct Address: 1572 S.E 19 Ave.
Pompano Beach, FL 33062

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,


Andre K Kattoura