

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 26 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S42424 2003**

**1. Corporation Name**

NAOMI BRIDAL AND FORMAL WEAR II, INC.

**2. Principal Office Address**

100 E OAKLAND PK BLVD.

**3. Mailing Office Address**

100 E OAKLAND PK PLB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS

City & State

WILTON MANORS

Zip

33334-1154

Country

Zip

33334-1154

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. Name and Address of Current Registered Agent**

Name

EOD MARVAN

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

100 E OAKLNAD PK BLV.

Suite, Apt. #, Etc.

City

WILTON MANORS

State  
**FL**

Zip Code

33334-1154

**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

REGISTERED AGENT MUST SIGN

Date

11-17-2003

**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
D	EID MARWAN	100 E OAKLAND PK BLVD.	WILTON MANORS, FL 33334-1154

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/2003 954-520-2433

Date

Daytime Phone #

CR2E081 (10/02)

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S42424 2002**

**1. Corporation Name**

NAOMI BRIDAL AND FORMAL WEAR II, INC.

**2. Principal Office Address**

100 E OAKLAND PK BLVD.

Suite, Apt. #, etc.

City & State

WILTON MANORS

Zip

33334-1154

Country

**3. Mailing Office Address**

100 E OAKLAND PK PLB

Suite, Apt. #, etc.

City & State

WILTON MANORS

Zip

33334-1154

Country

**4. Date Incorporated or Qualified  
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City

WILTON MANORS

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FL

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33334-1154

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Date

11-17-2003

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11/17/2003 954-520-2433

Date

Daytime Phone #

CR2E081 (10/02)

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

1499 West Palmetto Pk Rd, Suite 416  
Boca Raton, FL 33486  
TEL: (561) 362-0491

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

National Society of Tax Professional

November 17, 2003

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: NAOMI BRODAL AND FORMAL WEAR II, INC.**  
**DOCUMENT #S42424**

Dears Sirs,

The above referenced corporation has never received any notice before at all. We are enclosing the reports and a check in the amount of \$ 600.00 for 200, 2001, 2002 and 2003 . Please accept those annuals reports as a reinstatement.

Although we would like to verify our client address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

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

Sincerely

  
Andre K Kattoura

**Enclosure (4)**  
**Check 5561 \$ 600,00 fee**