

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:17

DOCUMENT # S52306

1. Corporation Name

FASHION VILLAGE, INC.

2. Principal Office Address

525 N.W. 27th Street

Suite, Apt. #, etc.

3. Mailing Office Address

525 N.W. 27th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127

Country

USA

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/91

5. FEI Number

65-0264196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Paul A. Koprowski

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

10031 Pines Boulevard

Suite, Apt. #, Etc.

#224

City

Pembroke Pines

State

FL

Zip Code

33024

900004573119--8

-09/06/01--01089-016

***1050.00 ***1050.00

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

Date

REGISTERED AGENT MUST SIGN

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	Eun Sook Lee	2600 SW 85th Avenue	Davie, FL 33328
S, D	Woo Ho Lee	2600 SW 85th Avenue	Davie, FL 33328

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)(f), 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

Date

Daytime Phone #

305 576-9001