

TEAR HERE

APPLICATION  
FOR  
REINSTATEMENT  
FOR asale

## FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

DO NOT WRITE IN THIS SPACE

AND  
FILED

1996 DEC -9 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S88184

GUESS WHO COLLECTIONS, INC  
13120 SW 92th Ave D517  
MIAMI FLA 33120

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

13120 SW 92th Ave

Address

Miami FL 33176

City and State

Zip Code

☐ 3. Date Incorporated or Qualified  
To Do Business in Florida

4. FEI Number

65-0290200

☐ FEI Number Applied For  
☐ FEI Number Not Applicable

## 5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	Elmady, Suyapa	8801 Sw 129 St	Miami FL
V	Spariosu, Marin	8801 SW 129 St	Miami FL
			600002028206--1 -12/13/96--01003--003 ***575.00 ***575.00

REINSTATEMENT asale  
12/10/96This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No  
For intangible tax information call Department of Revenue 904-488-6800.

## REGISTERED AGENT INFORMATION

## 6. Name and Address of Current Registered Agent:

Almady, Suyapa  
8801 SW 129 ST  
Miami, Fla 33176

## 7. Name and Address of New Registered Agent:

Name

Elmady, suyapa

Street Address (Do NOT Use P.O. Box Number)

8801 SW 129 St

Street Address (Do NOT Use P.O. Box Number)

Miami, fl 33176

City and State

FL

Zip Code

8. 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 AgentSuyapa ElmadyDate 11-8-1996

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of

Officer or Director Suyapa ElmadyDate 11-28-1996 Phone # 305-278-2859

Typed or printed name of signing officer or director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐