

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90010**

1 Corporation Name

ROXY FASHIONS, INC.

Principal Place of Business

Mailing Address

2900 W. SAMPLE ROAD
#450
POMPANO BEACH FL 33073-3026

~~2900 W. SAMPLE ROAD~~
~~#450~~
~~POMPANO BEACH FL 33073-3026~~

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		685 S.W. 50th. Terrace	
City & State		Margate, Florida	
Zip	Country	Zip	Country
		33068	Broward

REINSTATEMENT

96

4. Date Incorporated or Qualified To Do Business in Florida	
10/28/1991	
5. FEI Number	Applied For
59-2497474	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	GONZALEZ, ANGEL	4751 N.W. 10TH CT 685 S.W. 50th. Terrace	PLANTATION FL Margate, Florida 33068
D	GONZALEZ, ANGEL	4751 N.W. 10TH CT Same as above	PLANTATION FL

900002039179--4
-12/27/96-01048-017
****375.00 ****375.00

JB D-23-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIVERIO, E.
1601 N. PALM AVE.
SUITE 100
PEMBROKE PINES FL 33026

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. ~~1601 N. PALM AVE SUITE 100~~
7170 Pembroke Road
City Pembroke Pines, Florida 33023 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]

REGISTERED AGENT MUST SIGN

Date 12/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

[Signature]
Angel Gonzalez

10-25-96

Date

Daytime Phone #