

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000000136

Entity Name: LALE FASHIONS, INC.

FILED
Oct 10, 2008
Secretary of State

Current Principal Place of Business:

392 ROSEMONT LANE
BENTON, KY 42025

New Principal Place of Business:

777NW 72ND AVE
SUITE 2031
MIAMI, FL 33126

Current Mailing Address:

392 ROSEMONT LANE
BENTON, KY 42025

New Mailing Address:

777NW 72ND AVE
SUITE 2031
MIAMI, FL 33126

FEI Number: 32-0073555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POSADA, ALEJANDRO
19001 NE 14TH AVE
325
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

POSADA, ALEJANDRO
333NE 24TH ST
1503
MIAMI, FL 33137 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO POSADA

10/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: POSADA, ALEJANDRO
Address: 19001 NE 14TH AVE, APT 325
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: HOLT, JAKIE D
Address: 387 ROSEMONT LANE
City-St-Zip: BENTON, KY 42025

Title: DST () Delete
Name: HOLT, MARIA
Address: 392 ROSEMONT LANE
City-St-Zip: BENTON, KY 42025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: POSADA, ALEJANDRO
Address: 333NE 24TH ST APT 1503
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA M HOLT

DST

10/10/2008

Electronic Signature of Signing Officer or Director

Date