PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 28 AM 8:13

DOCUMENT # N00000000205

1. Corporation Name

Museum of Lifestyle & fashion History, Inc
322 NE 2nd avenue
Delray Beach, FL 33444

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
322 NE 2nd Avenue	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: ~~FL~~
Zip: 33444 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: January 5, 2000

5. FEI Number: 65-0999010 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Charlotte G Durante

Street Address (P.O. Box Number is Not Acceptable): 4165 NW 10th St

900030236129
03/10/04--01053--005 **30[illegible].25

Suite, Apt. #, Etc.:

900030236129
03/30/04--01021--009 **525.00

City: Delray Beach State: FL Zip Code: 33445

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: Charlotte G Durante Date: 3/8/04
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
C/D	Doak Campbell III	70 SE 4th Ave	Delray Beach, FL 33483
S/D	Dinah Stephenson	4785 Treefern Dr.	Delray Beach, FL 33445
P/T/D	Charlotte G Durante	4165 NW 10th St	Delray Beach, FL 33445

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: Charlotte G Durante 3/8/04 561-271-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/28