PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State	03 NOV 24 AM 10: 57
DOCUMENT # PO 2000	0097356	SECNLIARY OF STATE TALLAHARSFEL FLORIDA
1. Corporation Name LORETTA'S Closet, Inc.		
	l	REINSTATEMENT 03
		and the second s
2. Principal Office Address 10312 US Hwy 301 N.	3. Mailing Office Address 6312 US Hwy 301 North	800024980718 11/24/0301088015 **158.75
Suite, Apt. #, etc. Suite	Suite, Apt. #, etc. Suite	
# 16 City & State	# 1 6 City & State	4. Date Incorporated or Qualified To Do Business in Florida Sept. 6, 2002
Ellenton, FZ	Ellenton FL.	5. FEI Number Enclosed Copies Not Applied For Not Applied For
34222 Country Managee	34222 Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Loretta McIntosh		
Street Address (P.O. Box Number is Not Acceptable) 90.15 - 30+h Street East		
Suite, Apt. #; Etc. 1994 (1997) 1994 (1997		
City Parrish		State Zip Code FL 34219
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.		
8, 1, 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 11/18/03		
REGISTER DAGENT 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 LOROTTA MCIN	tosh P 9015 30+ St. East	Parrish, FL 34219
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10. I certify that I am an officer of director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

November 18, 2003

RE: Fictitious Name/LORETTA'S CLOSET, INC.

Although the Company above has not commence any business, we will like to keep the name active. A phone call was made around the time the name had to be renewed. I was told to download the renewal application and mail it in with the applied fees. A check was issued for the renewal amount. I notice I did not get a response from the state, and too much time had passed. So I decided to call the state. Per conversation with an employee there, I was told to go back on the computer and download the reinstatement forms.

I did not receive any sort of paper work or information about the renewal or reinstatement information, therefore I am requesting the fees to be waived.

ENCLOSED: ANOTHER CHECK FOR \$150.00

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Clive McIntosh/Loretta McIntosh