


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUL -7 AM 7:20
STATE OF FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 03000004926

1. Corporation Name
BELLISSIMO SHOES & HANDBAGS ACCESORIES, INC.

2. Principal Office Address 2121 PONCE DE LEON BLVD.		3. Mailing Office Address 2121 PONCE DE LEON BLVD.	
Suite, Apt. #, etc. SUITE 240		Suite, Apt. #, etc. SUITE 240	
City & State CORAL GABLES, FL.		City & State CORAL GABLES	
Zip 33134	Country USA	Zip 33134	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **JAN-14-2003**

5. FEI Number **65-1168059**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

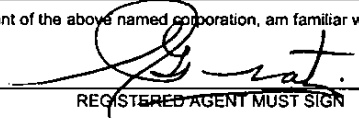
Name
GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
SUITE 240

City CORAL GABLES,	State FL	Zip Code 33134
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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.

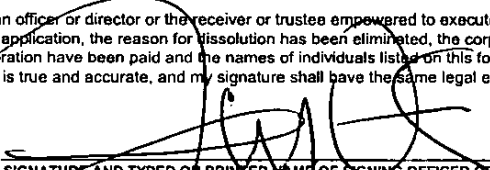
Signature of Registered Agent  Date **6/27/06**

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
PVSTD	GERALDINE VILLA	2121 PONCE DE LEON BLVD. STE. 240	CORAL GABLES, FL. 33134

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 contained in Chapter 119, 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:  Date **6/27/06** Daytime Phone # **305-444-8333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell JUL 11 2006