DI EASE DEAD ALL INSTRUCTIONS RECORD COMPLETING THIS FORM

PLEASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2007 OCT 23 AH 9: 04
DOCUMENT # P0500	0002 8988	SECRETARY OF STATE TALLAHASSEE.FLORIDA
1. Corporation Name The asian Doll Husic Group, Irc.		IALLAIIA00#=
The asian Doll Mi	1510 0100p, 41 C.	REINSTATEMENT 06-07
2. Principal Office Address - No P.O. Box #  9000 SW 137 AVC	3. Mailing Office Address	CR2E081 (1/07)
Suite, Apt. #, etc. # 201	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 2/94/05
City & State  HIQMI, 7(	City & State	5. FEI Number Applied For
33186 Country SA	Zip Country	20-2404357 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	
Martha De Nortolk		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 9000 SW 137 AVL # 201		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.
city Miami	State Zip Code 533/86	lee be walveu.
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 10/16/07		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Officers and/or Director	Street Address of Each Officer and/or Directo	r City / State / Zip
P Martha De N	orfolk 9000 SW137 A	We # 29 Hiami 7( 33)86
		200111196848 10/23/0701024003 **900.00
10. I certify that I am an officer or director or the reseiver 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: 10 16 0 7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		
10/255		

10/250