

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003942**

1. Corporation Name

**UPTOWN ACCESSORIES, INC.**

Principal Place of Business

Mailing Address

3000 N. FEDERAL HWY.  
STE. 7  
FT. LAUDERDALE FL 33306  
US

3000 N. FEDERAL HWY.  
STE. 7  
FT. LAUDERDALE FL 33306  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/11/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0370192

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PETERSON, MORIA L	1305 SE 5TH AVE	POMPANO BEACH FL 33060

900024567309  
11/10/03--01080--007 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROHMAN, JOSEPH M  
707 SE THIRD AVE  
SUITE 500  
FT LAUDERDALE FL 33306

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Moria Peterson  
REGISTERED AGENT MUST SIGN

Date 10/29/03

11. 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: Moria Peterson MORIA PETERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03  
Date

Daytime Phone #

CR2E040 (7/03)