

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

98 AUG 17 AM 11:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # 293000040372

1. Corporation Name  
 NEXT GENERATION FASHION AND PATTERNS, INC.  
 1650 W. Oakland Park Boulevard, Ste.66, Unit.9127  
 Fort Lauderdale, FL 33311

Principal Place of Business 1650 W. Oakland Pk.Blvd. Suite.66, Unit.9127 Fort Lauderdale, FL 33311	Mailing Address 1650 W.Oakland Pk.Blvd. Suite.66, Unit.9127 Fort Lauderdale, FL 33311
---	--

**REINSTATEMENT** 011-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida June/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0407022	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Cleone Flores Soares	3101 Oakland Shores Drive Apartment.H-105	Fort Lauderdale, FL 33309
VPD	Antonio Murilo Nogueira	4315 Reflections Boulevard Apartment.204 North	Sunrise, FL 33351
SD	Diana Adriano	3101 Oakland Shores Drive Apartment.H-105	Fort Lauderdale, FL 33309

9000002621479-2  
 -08/20/98-01088-019  
 \*\*\*1358.75 \*\*\*1358.75  
 8-19-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DIANA ADRIANO 3101 Oakland Shores Drive Apartment.H-105 Fort Lauderdale, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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.  
 Signature of Registered Agent: Diana Adriano REGISTERED AGENT MUST SIGN Date: Aug 12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Aug. 12/98 Daytime Phone #: (954) 486-9962

CPRE043 11/98