

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

**FILED**

98 FEB 27 PM 3:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000092345

1. Corporation Name  
 CONCEPT N.Y., INC.

Principal Place of Business  
 753 WASHINGTON AVENUE  
 MIAMI BEACH, FL 33139

Mailing Address  
 SAME

**REINSTATEMENT** *98*

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

|  |  |
|--|--|
| 2. New Principal Office Address, If Applicable<br><b>SAME AS ABOVE</b> | 3. New Mailing Office Address, If Applicable<br><b>SAME AS ABOVE</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |
| City & State   | City & State   |
| Zip Country  | Zip Country  |

|  |                               |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br>12/4/95 |                               |
| 5. FEI Number<br>65-0621652  | Applied For<br>Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>   |                               |

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       | FABIENNE DEBAIX                     | 4646 MERIDIAN AVENUE  | MIAMI BEACH, FL 33140 |
| S, D       | ALAIN BENSOUSSAN                    | 4646 MERIDIAN AVENUE  | MIAMI BEACH, FL 33140 |
|            |                                     |   |                       |
|            |                                     |   |                       |
|            |                                     |   |                       |
|            |                                     |   |                       |
|            |                                     |   |                       |

*3/3/98*

600002449796--2  
 -03/09/98--01002--004  
 \*\*\*793.75 \*\*\*785.00

8. Name and Address of Current Registered Agent

NONE

9. Name and Address of New Registered Agent

Name  
**JORGE GURIAN, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7220 SW 59TH STREET**  
 Suite, Apt. #, Etc.  
 City  
**MIAMI** State **FL** Zip Code **33143**

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 *Jorge Muri* Date **2/27/98**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: *Fabienne Debaix* **FABIENNE DEBAIX** Date **2/27/98** 305-532-2111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (12/96)