

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
SAME AS ABOVE

3. New Mailing Office Address, If Applicable
SAME AS ABOVE

Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 12/4/95

5. FEI Number
 65-0621652

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

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 ***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)