

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 15 PM 1:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # P98000052420
 1. Corporation Name
 STAR DIVAS BOUTIQUE, INC.

Principal Place of Business Mailing Address
 1952 NW 9 AVE 2924 SW 11 CT
 FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

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 6/10/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0843249	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
Pres	CATRENA WRIGHT	2924 SW 11 CT	FORT LAUDERDALE, FL 33311
Secy	Victoria Pridgen	2924 SW 11 CT	FORT LAUDERDALE, FL 33311
			100003078561-9 -12/22/99--01092--013 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Victoria Pridgen 2924 SW 11 CT FORT LAUDERDALE, FL 33311		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

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: *Victoria Pridgen*
 REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes 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: *Catrena Wright* 12/14/99 954-253-6697
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP-2026 (1/98)

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DECEMBER 8, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

RE: STAR DINA'S BOUTIQUE, INC.
P98000052420

TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE MY RENEWAL FOR MY CORPORATION.
SINCE THIS WAS MY FIRST RENEWAL, I DID NOT
KNOW THAT I WAS TO RENEW MY CORPORATION.

SUBSEQUENTLY, I WAS INFORMED THAT MY CORPORATION
WAS DISSOLVED.

AT THIS TIME, I CALLED YOUR OFFICE AND WAS TOLD
TO SEND IN THE FORM (ATTACHED) WITH MY RENEWAL FEE
OF \$150.00. HOPE THIS WILL RESOLVE THIS MATTER.

THANKING YOU IN ADVANCE,
Catrena Wright
CATRENA WRIGHT
PRESIDENT