

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 29 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000073522**

1. Corporation Name

VANNELI CLOTHING & PERFUMES CORP.

2. Principal Office Address

7248 NW 31ST

Suite, Apt. #, etc.

3. Mailing Office Address

7248 NW 31ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

DADE

Zip

33122

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

8/21/98

5. FEI Number

65-0860829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

MARCO MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

6039 COLLINS AVE

Suite, Apt. #, Etc.

504

City

MIAMI BEACH

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Marco Marquez
REGISTERED AGENT MUST SIGN

Date

6/27/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARCO MARQUEZ	6039 COLLINS AVE # 504	MIAMI BEACH FL 33140
VP	FERNANDO OBISPO	870 NW 87 AVE # 507	MIAMI FL 33172

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO MARQUEZ P.

Date

6/27/05

Daytime Phone #

305-867-4444

OR 7/5