

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -6 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9060111069**

1. Corporation Name

Angel's Fashions Corp

2. Principal Office Address

3743 NW 16th St

3. Mailing Office Address

1921 NW 18th St

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

City & State

33054 Miami, FL

City & State

Miami, FL

Zip

33054

Country

Zip

33054

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650974514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

Street Address (P.O. Box Numbers Not Acceptable)

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th FL

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

11/27/06

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
President	Denine Howard-Bernard	1921 NW 18th St	Miami, FL. 33054
Treasurer	Spiegel & Utrera	1840 Southwest 22 St 4th FL, Miami, FL. 33145	Miami, FL. 33145
		11/07/06 01023 014	\$458.95

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 contained in Chapter 119, 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

Date

11/27/06

Daytime Phone #

12/6

Angel's Fashions Corp.

December 6th, 2006

Florida Department of State
Division of Corporations
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Angel's Fashions Corp Reinstatement

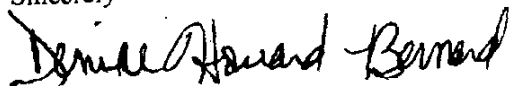
Attn: Tina Carter

To Whom It May Concern:

Please be advised that due to the change of new managements of the shopping center restructure of suite numbers and addresses I did not received my 2004, 2005 and 2006 corporation annual renewal therefore; I request that the reinstatement fee of \$600 be waived.

Thanking you in advance

Sincerely



Denine Howard Bernard
CEO

4400 NW 169 Terrance, Miami, Florida 33055
Phone: 786-486-5808 Fax: 954-971-1832