



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000111497			
1. Corporation Name IRIS UNISEX INC.			
2. Principal Office Address 5500 SW 8 ST		3. Mailing Office Address 5500 SW 8 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country MIAMI-DADE	Zip 33134	Country MIAMI-DADE
4. Date Incorporated or Qualified To Do Business in Florida		12/29/1999	
5. FEI Number 650971661		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name IRIS LARA			
Street Address (P.O. Box Number is Not Acceptable) 5500 SW 8 ST			
Suite, Apt. #, Etc.			
City CORAL GABLES		State FL	Zip Code 33134
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		Date 09/26/05	
REGISTERED AGENT MUST SIGN			
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
PD	IRIS LARA	5500 SW 8 ST	CORAL GABLES, FL 33134
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:  IRIS LARA		09/26/05 (305) 445-9726	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED  
05 SEP 28 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (01/04)