

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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REINSTATEMENT

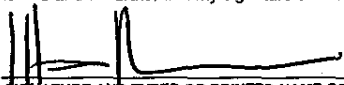
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S57481			
1. Corporation Name EUROPEAN FASHION GROUP, INC.			
2. Principal Office Address 2127 Brickell Avenue		3. Mailing Office Address 2127 Brickell Avenue	
Suite, Apt. #, etc. 2004		Suite, Apt. #, etc. 2004	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33129	Country USA	Zip 33129	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0265992	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name INGRID HOFFMAN			
Street Address (P.O. Box Number is Not Acceptable) 2127 BRICKELL AVENUE			
Suite, Apt. #, Etc. 2004			
City MIAMI	State FL	Zip Code 33129	Country USA

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 OCTOBER 31, 2003
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	HOFFMAN, INGRID	2127 Brickell Avenue - Suite 2004	MIAMI, FLORIDA 33129

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: 	Ingrid Hoffman, President	10/31/2003	(305) 858-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #