

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:55

DOCUMENT # 380346

1. Corporation Name

HANDBAG COLLECTIONS, INC.

100003506361--8  
-12/19/00--01095--014  
\*\*\*\*158.75 \*\*\*\*158.75

2. Principal Office Address

2700 BISCAYNE BLVD

3. Mailing Office Address

2700 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/12/71

5. FEI Number

59-1368037

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

MATZ, RUBEN

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

2700 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

*[Signature]*

Date 12/1/2000

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	MATZ, RUBEN	8377 COLLINS AVE / 310	MIAMI BEACH, FL 33154
PD	MATZ, GLADYS	8877 COLLINS AVE / 310	MIAMI BEACH, FL 33154

AD

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]*

RUBEN MATZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/2000

Date

Daytime Phone #



380346

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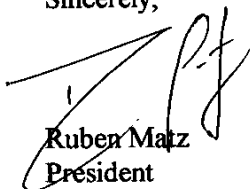
December 1, 2000

Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report 2000 for Exit Shops of Naples, Inc.  
FEI Number 59-1368037

Enclosed, please find a reinstatement application and a check in the amount of \$158.75 for the Annual Report of 2000 and the certificate of status. I never received the notice to file the Annual Report. I know that it is my responsibility to make the payment with or without the notice. I apologize for the inconvenience and misunderstanding and promise to submit payment on time next year.

Sincerely,



Ruben Matz  
President

Executive Offices

2700 Biscayne Boulevard • Miami, FL 33137 • Telephone 305.573.8311 • Fax 305.576.7125