

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Proprietor

APPLICATION FOR [REDACTED] FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **586575**
 1. Corporation Name
FINLAY'S IMPORT-EXPORT, INC.

Principal Place of Business Mailing Address
8700 NORTHWEST 7 AVENUE MIAMI FL 33179 **8700 NORTHWEST 7 AVENUE MIAMI FL 33150 US**

FILED
 01 OCT 22 AM 11:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/15/1978**

5. FEI Number **59-1849620** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FINLAY, LLOYD	1050 NW 93RD AVE 4161 NW 26 Street #306	PLANTATION FL 33322 Lauderdale, Fl 33313
VD	FINLAY, WENDY	9571 W. DAFFODIL LANE	MIRAMAR FL 33025
SD	WILLACEY, KAREN	124 N 63 AVE 12571 SW 6th Ct.	HOLLYWOOD FL Davie, Fl. 33325
			600004669826--6 -11/06/01--01089--024 ****158.75 ****158.75
			<i>OLIVER TS</i>

8. Name and Address of Current Registered Agent
TAYLOR, ROY L
 14 NE 1ST AVE., #601
 MIAMI FL 33132

9. Name and Address of New Registered Agent
 Name **Wendy Finlay**
 Street Address (P.O. Box Number is Not Acceptable) **8700 NW 7th Avenue**
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33150**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Wendy Finlay* **SIGNATURE REQUIRED** Date **Oct 15, 2001**
 REGISTERED AGENT MUST SIGN

11. 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: *Wendy Finlay* **SIGNATURE REQUIRED** Date **Oct 15, 2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-687-1632
 Date Daytime Phone #

CR2E040 (8/01)

PHONE: (305) 687-1632
FAX: (305) 683-7076



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October 15, 2001

8700 N.W. 7th AVENUE
MIAMI, FLORIDA 33150


Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This is to inform you that we did not get any notices for 2001. In addition, the Registered Agent passed away earlier this year. We have completed the Application for Reinstatement and are asking you to waive the late fee.

Please find enclosed a check in the amount of \$158.75. This includes the additional fee required for a Certificate of Status.

Sincerely yours,


Wendy Finlay
Vice President