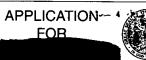
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

POGEISTE





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

MIAM! FL 33150

FILED

01 OCT 22 胡田: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addresses are	incorrect in any way, line the	hrough incorrect i	nformation and enter	r correction below.			
				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/15/1978		
Suite, Apt. #, etc. Suite, Apt. #				, etc.		1		J 1870
City & State			5. FEI Number Applied For					
City & State			City & State					Not Applicable
Zip Country Zip			Zip	Country		6. CERT/FICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit corpo	rations must list at le	ast 3 directors)		
Title(s)	2	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 Streef 生306			PLANTATION FL 33322 For Landerdale, Fl 33313	
VD	FINLAY, W	ENDY		9571 W. DAFFODIL LANE			MIRAMAR FL 33025	
SD	WILLACEY, KAREN			121 N 63 AVE 12571 SW 6thct.			HOLLYWOOD FL Davie, Fl. 33325	
				6		000046698266 -11/06/0101089024		
	l .						****158.75	****158.75
							Olypr	78
	8. Nam	e and Address of Curren	Registered Age	ent	9. Name and Address of New Registered Agent			ent
TAYLOR, ROY L. 14 NE 1ST AVE., #601 MIAMI FL 33132					Name WENDY Fin Lay Street Address (P.O. Box Number is No Acceptable) 8700 NW TH AVENUE Suite, Apt. #, Etc.			
					-			

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. 305-687-1632

SIGNATURE:

Signature of Registered Agent

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.

ARLUGYREQUIRED
REGISTERED AGENT MUST SIGN

PHONE: (305) 687-1632 FAX: (305) 693-7076



October 15, 2001

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