PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORI | PORATI | ON | | FLORIDA DEPARTMENT OF STATE | | | STATE | FILED | | | | | |
|--|--|------------------------|--|--|---|---|--|---|--------------------------|-----------------------|-------------------------------------|---------------------------|--|
| REINSTATEMENT | | | Secretary of State DIVISION OF CORPORATIONS | | | | 05 JAN 20 AM 9: 26 | | | | | | |
| DOCUMENT # 6784/9 1. Corporation Name | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| ELECTRA'S BOUTIQUE, INC. | | | | | | | | | | | | 1 | |
| | | | | | | | | | REINSTATEMENT 70-05 | | | | |
| 2. Principal Office Address 3058 GRAND AVENUE | | | | 3. Mailing Office Address P. O. BOX 330458 | | | } | | | | | | |
| Suite, Apt. #, etc. | | | | -Suite; Apt. #, etc. | | | | 4. Date Incorporated or Qualified | | | | | |
| COCONUTGROVE, FL | | | | COCONUTGOVE, FL | | | L ' | To Do Business in Florida TULY 15, 1980 5. FEI Number Applied For | | | | | |
| Zip | 33133 DADE | | Zip Country 33233 DADE | | | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | | | | |
| | | | | 7. N | ame and A | ddress of Curre | nt Register | ed Agent | | | | | |
| | Name VIVIAN JORDAN | | | | | | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 11925 OLD CUTIER ROAD Suite, Apt. #, Etc. | | | | | | | | | | | | |
| | CORAL GABLES, FL 33156 | | | | | | | | | | | | |
| | City | | | · | | | • | | State FL | Zip Code 33/5 | 6 | | |
| | ippointed the | registere | ed agent of the abo | ove named corpo | ration, am f | amiliar with and a | ccept the ol | oligations of section | | | | CRZE081 (10/02) | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | | | | Date | | | | |
| 9. Names a | and Street Ac | dresses | of Each Officer an | | | | ust list at le. | ast 3 directors) | • | | | | |
| Titles | | | Name of s and/or Directors | , | Street Address of Ea Officer and/or Direct | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Pres. | Vivi | AN C | JORDAN | : | 119 | 25-0Ld | -Eut-l | er Rd- | .Cor.c | Mables | STFL3 | 3156- | |
| - | • | | | | | | | <i>,</i> , , , , , , , , , , , , , , , , , , | | | | ** # = | |
| | • | | · | | | | | 91/20/ | <u> </u> | 5083 102-014 | 599 **90 | nn - | |
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| this reins owed by | statement ap the corporat | plication, ion have | director or the rece the reason for dis- been paid and the accurate, and my | solution has beer names of individ | eliminated uals listed o | , the corporate na on this form do not | me satisfies qualify for a | the requirements an exemption und | of section er section | 607.0401 or 617 | .0401, F.S., tha The information | t all fees n indicated | |
| SIGNAT | | SMATURE | AND TYPED OR PE | · · · · · · · · · · · · · · · · | ORD | |)R | 1/12/ | Date | | - 443-9 Paytime Phone # | 1040 | |

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ELECTRA'S BOUTIQUE INC.
Dba The Maya Hatcha
3058 GRAND AVENUE
COCONUT GROVE
MIAMI, FLORIDA 33133

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FI 323:14

Attention: CORPORATE REINSTATEMENT SECTION

The annual report notice for the Electra's Boutique, Inc. was never received. According to the reinstatement office's records it was returned. Because of this error by the postal service, the Corporation was put on inactive status.

Enclosed please find the Corporate Reinstatement application and two checks for the appropriate fees of \$900, and \$8.75 for a certificate of status.

If you have any questions regarding this matter, please call me between 11:00 am and 6:00 pm. At 305-443-9040, or cel. 305-562-1280.

Sincerely,

Vivian Jordan Resident agent Tel 305-443-9040 Fax 305-446-0921