


2005 FOR PROFIT CORPORATION REINSTATEMENT

CURRENT PREVIOUS

DOCUMENT # F0000004404
 1. Entity Name
HILDA FLACK ACCESSORIES, INC.



FILED
 05 NOV -1 PM 12: 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **7000 HIGHLANDS PARKWAY, STE. 140
 SMYRNA, GA 30082** Mailing Address: **7000 HIGHLANDS PARKWAY, STE. 140
 SMYRNA, GA 30082**

CHANGED TO



2. Principal Place of Business: **3999 RCA Blvd.** 2. Mailing Address: **3999 RCA Blvd.**
 State, Apt. #, etc. State, Apt. #, etc.

10182005 REIN-P CR2E088 (8/04)

City & State: **Palm Beach Gardens, FL** City & State: **Palm Beach Gardens, FL**
 Zip: **33410** Country: Zip: **33410** Country:

4. FEI Number: **58-2105660** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and State of Florida) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
 After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE: P	NAME: FLACK, HILDA	<input type="checkbox"/>
STREET ADDRESS: 2999 COBB PKWY	CITY-STATE-ZIP: ATLANTA, GA 30339	
TITLE: VP	NAME: KANSO, RIAYA	<input type="checkbox"/>
STREET ADDRESS: 1402 HIGHLAND BLUFF	CITY-STATE-ZIP: ATLANTA, GA 30339	
TITLE: VP	NAME: FLACK, JAMES	<input type="checkbox"/>
STREET ADDRESS: 2999 COBB PKWY	CITY-STATE-ZIP: ATLANTA, GA 30339	
TITLE: _____	NAME: _____	<input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: _____	NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____		
500061079605 11/01/05--01061--008 **158.75			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Riaya M. Kanso* (RIAYA M. KANSO, CEO, U.P.) 10-25-05 561.6277400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number