

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/10/03--01060--009 \*\*1050.00

DOCUMENT # F00000004404

1. Corporation Name

HILDA FLACK ACCESSORIES, INC.

REINSTATEMENT 21-03

2. Principal Office Address

7000 HIGHLANDS PKWY

3. Mailing Office Address

Suite, Apt. #, etc.

← SAME

Suite, Apt. #, etc.

140

City & State

SMYRNA, GA

City & State

GA

4. Date Incorporated or Qualified To Do Business in Florida

08-04-00

5. FEI Number

58-2105660

Applied For

Not Applicable

Zip

30082

Country

U.S.A.

Zip

GA

Country

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

7/3/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	HILDA FLACK	2999 COBB PKWY	ATLANTA, GA. 30339
V.P.	JAMES FLACK	2999 COBB PKWY	ATLANTA, GA. 30339
V.P.	RIAYA KANSO	1402 HIGHLAND BLUFF	ATLANTA, GA. 30339

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 149.07(2)(c), 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:

RIAYA KANSO, V.P., CEO

6-6-03

770-2897463

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report./Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: *L & L Billing Co. Inc.*  
Doc# *P01000090651*

Dear Sir:

As per our telephone conversation, please find a check for \$ 150.00 for the annual report of the corp. I did not receive your renewal form and I was not aware that were penalties to pay.

Note of the new address which I think it was why I did not receive the form.

Excuse for any inconvenience waiting for your answer I remain.

Very Truly

*Max Zhi*