


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 17 PM 12:00

DOCUMENT # **F86507**

1. Corporation Name
CORAL GABLES BRIDALS, INC.

Principal Place of Business	Mailing Address
366 MIRACLE MILE CORAL GABLES FL 33134	366 MIRACLE MILE CORAL GABLES FL 33134

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



2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 06/23/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2200389
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	DE LOS REYES, DULCE	5760 SW 45 TERRACE	MIAMI FL
PD	DE LOS REYES, RAFAEL A	5760 SW 45 TERRACE	MIAMI FL

900003491459--9
-12/08/00--01027--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DE LOS REYES, RAFAEL 5750 SW 45 TERR MIAMI FL 33155	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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 _____ **SIGNATURE REQUIRED** _____ Date _____
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: **SIGNATURE REQUIRED** _____ Date **11-14-01** Daytime Phone # **305-445896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

2

CORAL GABLES BRIDALS, INC.
366 Miracle Mile
Coral Gables, FL 33134

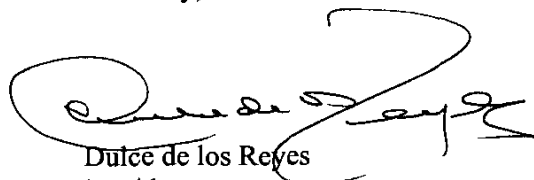
November 14, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we did not send the Uniform Business Report on time because we did not receive the form on a timely basis. Enclosed please find a check for \$150.00 for the filing fee. We respectfully request that you abate the penalties for filing late.

Sincerely,


Dulce de los Reyes
President