

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPROVED
AND
FILED**

1997 APR 21 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88923

1. Corporation Name

Fashion Pearls, Inc.

Principal Place of Business

Mailing Address

11401 Pines Blvd. #270 11401 Pines Blvd. #270
Pembroke Pines, FL 33026 Pembroke Pines, FL 33026

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/10/90	
City & State		City & State		5. FEI Number	
Zip		Country		65-0207339	
				Applied For	
				Not Applicable	
				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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, D	Ashok Hemnani	304 Raquet Club Road Building 117 #202	Ft. Lauderdale, FL 33326
			9000002155339--2 -04/25/97--01079--001 ***1245.00 ***1245.00

REINSTATEMENT

*4/15/97
4/24/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name Paul A. Koprowski CPA	
		Street Address (P.O. Box Number is Not Acceptable) 10031 Pines Blvd. #224	
		Suite, Apt. #, Etc.	
		City Pembroke Pines	State FL
		Zip Code 33024	

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

Paul A. Koprowski

Paul A. Koprowski

REGISTERED AGENT MUST SIGN

Date **4/15/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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.

Ashok Hemnani
President

SIGNATURE:

Ashok Hemnani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97
Date

954 438-8161
Daytime Phone #

CR2E040 (12/96)