

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 AM 10:48

DOCUMENT # M35077

1. Corporation Name

PARIS DESIGNS INC

2. Principal Office Address

8371 NW 64th Street

3. Mailing Office Address

8371 NW 64th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33166

USA

33166

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/1986

5. FEI Number

54-269-2647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL COHEN

10000476431

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

8777 Collins Avenue, Apt 9

01/10/02 01017-020

***150.00 ***150.00

Suite, Apt. #, Etc.

Apt # 9

City

Surfside

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

12/20/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul Cohen	8777 Collins Ave, Apt 9	Surfside, FL 33154

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 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:

Paul Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/01

Daytime Phone #

305-593-8499

1 CR2081 (8/00)

Paris Designs, Inc.

8371 N.W. 64th Street
Miami, Florida 33166
(305) 593-8499
FAX: (305) 593-8481

December 20, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

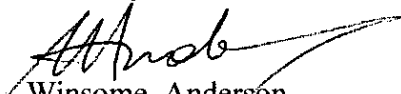
Re : Document # M35077

Our UBR report for 2001 was accidentally mailed to our old business address. As a result we did receive it and was made inactive.

In light of the fact that our failure to file was not deliberate, we were advised by your office that we could fill out a reinstatement form and send the usual fee of \$150.00. Please find our check enclosed for this amount along with the completed form/

Should there be any questions, please do not hesitate to call me at 305-593-8499.

Sincerely,


Winsome Anderson
Controller