
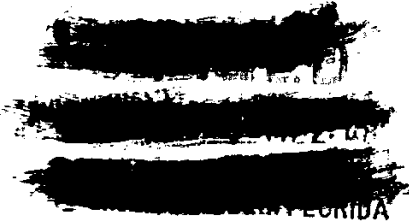
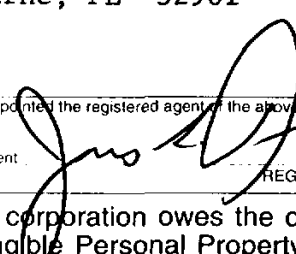
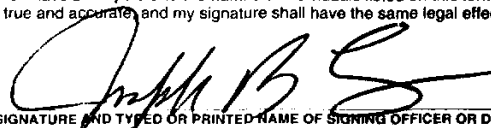


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # M87748 1. Corporation Name MIRABELLA'S, A FASHION PLACE, INC.					
Principal Place of Business 1825 Riverview Drive.. Melbourne, FL 32901		Mailing Address 1825 Riverview Drive Melbourne, FL 32901			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 909 E. New Haven Avenue Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">June 24, 1988</div>	
City & State Melbourne, FL Zip 32901		City & State Country U.S.A.		5. FEI Number 59-2904745 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	LONG, CAROLYN M.	323 Darrow Court	Melbourne, FL 32901		
S/T/D	LONG, JOSEPH B.	323 Darrow Court	Melbourne, FL 32901		
REINSTATEMENT 99			TS		
			000003071450--S -12/15/99--01076--015 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent JAMES L. REIMAN [sic] 1825 S. Riverview Drive Melbourne, FL 32901			9. Name and Address of New Registered Agent Name JAMES L. REINMAN [to correct spelling] Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive (delete "S.") 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:  REGISTERED AGENT MUST SIGN Date:					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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.					
SIGNATURE:  12/3/99 Date: (321) 729-4766 Daytime Phone #					

CR2E081 (12/98)