2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 23, 2007
Secretary of State

DOCUMENT# N05000007177

Entity Name: LA FILETTE LA FEMME, INC.

Current Principal Place of Business:

5625 NE 2ND AVENUE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5625 NE 2ND AVENUE
MIAMI, FL 33137

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMONS, INNELLE
5625 NE 2ND AVENUE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: INNELLE SIMONS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILSON-SMITH, DELLAREESE	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	GRAHAM, TARSHA	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	MAURICE, JOAN	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	ENGEL, JULIE	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	MEJIA-JOHNSON, LILIAN	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	
Title:	P	( ) Delete
Name:	SIMONS, INNELLE	
Address:	5625 NE 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INNELLE SIMONS PRES 08/23/2007

Electronic Signature of Signing Officer or Director — Date