

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

02 AUG 23 PM 4:01

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

01-02 uBR

DOCUMENT # P00000012869

1. Corporation Name
 BRIGITTE S., INC.

2. Principal Office Address
 1100 11th. Street

3. Mailing Office Address
 1100 11 th. Street

Suite, Apt. #, etc.
 206

Suite, Apt. #, etc.
 206

City & State
 Miami Beach, Florida

City & State
 Miami Beach, Florida

Zip Country
 33139 USA

Zip Country
 33139 USA

4. Date Incorporated or Qualified To Do Business in Florida February 2, 2000

5. FEI Number 65-0993154
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 -09/12/02--01001--028
 ****308.75 ****308.75

7. Name and Address of Current Registered Agent

Name
 Brigitte Scheurer

Street Address (P.O. Box Number is Not Acceptable)
 1100 11Th. Street

Suite, Apt. #, Etc.
 206

City
 Miami Beach

State Zip Code
 FL 33139

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 *Brigitte Scheurer*

Date 08-20-02

REGISTERED AGENT MUST SIGN

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	Brigitte Scheurer	1100 11th. Street #206	Miami Beach, FL 33139

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: *Brigitte Scheurer*

Brigitte Scheurer 08-20-02

305-534 4736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/29/02

CR2EDB1 (9/01)