

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19/04 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023457

1. Corporation Name

ISABEL FASHIONS DESIGNS INC.

REINSTATEMENT 0104

2. Principal Office Address

6370 SW 18 TERRACE

3. Mailing Office Address

6370 SW 18 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/00

5. FEI Number

65-0995824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIRIAM L GONZALEZ

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

6370 SW 18 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07/15/04

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	MIRIAM L GONZALEZ	6370 SW 18 TERRACE	MIAMI, FL 33155
S	MARCELO A GONZALEZ	6370 SW 18 TERRACE	MIAMI, FL 33155

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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/04

Date

(305) 3003117

Daytime Phone #

CR2001 (01/04)

205

ISABEL FASHIONS DESIGNS INC
6370 SW 18 TERRACE
Miami, FL 33155
Phone: (305) 3003117 Fax: (305) 526 8764

July 15, 2004

To:
DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: **CORPORATION
REINSTATEMENT
DOCUMENT
No. P00000023457**

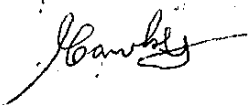
Dear Mr. or Madam:

We apology for not renewing our corporation on time during the last 4 years but we had some issues in our native country Uruguay that kept us away from USA and our renewal cards were lost in our previous address.

We explain this specific situation to Inspector Rob thru the phone and he kindly give us his best advise for reinstating our corporation with a payment of \$ 608.75 which includes a certificate of status.

We will appreciate if you reinstate our corporation as soon as you can in order to go back to business.

Sincerely,



MIRIAM L GONZALEZ
President.