

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02-MAR 20 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000058437**

1. Corporation Name
A LA FOLIE INC.

Principal Place of Business Mailing Address
334 20TH ST MIAMI BEACH FL 33139

REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/09/2000	
Suite, Apt. #, etc. SIG ESPAÑOLA WAY		Suite, Apt. #, etc. 334 20th St # 204		5. FEI Number 65-1036896	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		Applied For Not Applicable	
Zip 33139	Country U.S.A.	Zip 33139	Country U.S.A.	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RICHARD D'ARI	334 20th St. # 204	MIAMI BEACH, FL 33139
V	OLIVIER CORRE	334 20th St. # 204	MIAMI BEACH, FL 33139
S	KEVIN BYRNE	334 20th St. # 204	MIAMI BEACH, FL 33139
			400005491844--2 -05/08/02--01046--003 ****900.00 ****300.00

8. Name and Address of Current Registered Agent

D'ARI, RICHARD
334 20TH ST
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **02/22/2002**

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/22/02** Daytime Phone # **(305) 538 4484**

CR2E040 (8/01)