

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 27 AM 11:40

CORPORATION REINSTATEMENT



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

DOCUMENT # P.00000 105761

1. Corporation Name

Premier Modeling Agency Inc.

01-02

2. Principal Office Address

999 Washington Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

Same.
Suite, Apt. #, etc.

REINSTATEMENT

City & State

Miami Beach

City & State

FLA.

4. Date Incorporated or Qualified To Do Business in Florida

11-13-2000

5. FEI Number

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Natalie Martell

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

7441 Wayne Ave.

900005073949-0

-03/08/02--01075--002

Suite, Apt. #, Etc.

Apt 3A

***908.75

***908.75

City

Miami Beach

State

FL

Zip Code

33141

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

Natalie Martell

REGISTERED AGENT MUST SIGN

Date 02-25-02

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
Pres	Natalie Martell	7441 Wayne Ave #3A	Miami Beach 33141

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)(f), 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: *Natalie Martell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-02

Date

305-502-7778

Original Phone #

CP2291 (6/99)

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