PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P00000107005
STEPHANIE'S SPECS, CORP.
STEPHANIE'S SPECS CORP P00000107005

Principal Place of Business
1919 NW 21 STREET
MIAMI FL 33142

Mailing Address
1919 NW 21 STREET
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable
City & State
Zip | Country

3. New Mailing Address, If Applicable
9895 SW 34 ST
City & State: MIAMI FL
Zip: 33165 | Country

4. Date Incorporated or Qualified To Do Business in Florida
11/14/2000
Not Applicable

5. FEI Number
65-1055646

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DIAZ, NOLIA	9895 SW 34 STREET	MIAMI FL 33142

800021261308
10/29/03--01069--025 **150.00

8. Name and Address of Current Registered Agent
DIAZ, NOLIA
9895 SW 34 STREET
MIAMI FL 33165

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Nolia Diaz
REGISTERED AGENT MUST SIGN
Date: 10/21/03

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: NOLIA DIAZ 10/21/03 (786) 5435610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0038895 AV

gr 10/27

Stephanie's Specs, Corp
9895 SW 34 Street
Miami, FL 33165

October 21, 2003

RE: 2003 Annual Report

CERTIFIED MAIL

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

Subject: Document Number P00000107005

To whom it may concern

The present to notify that I had never received the 2003 Annual Report, may be due to our change of mailing address at the beginning of the calendar year 2003, a check in the amount of $150.00 which is my annual Report fee is enclosed with this letter. Thank you in advance

Respectfully,

Stephanie's Specs, Corp
President

ND
Stephanie's Spec's, Corp
9895 SW 34 Street
Miami, FL 33165