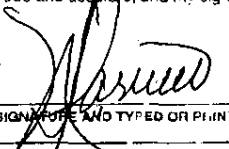


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATION		FILED 03 OCT 22 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 03	
STEPHANIES SPECS CORP. 107005 STEPHANIES SPECS CORP P00000107005					
Principal Place of Business		Mailing Address			
1919 NW 21 STREET MIAMI FL 33142		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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Organized To Do Business in Florida	
City & State		City & State		65-1055646 11/14/2000 Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status	
Country		Country			
33165		33165			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PTD	DIAZ, NOLIA	9895 SW 34 STREET	MIAMI FL 33142		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
DIAZ, NOLIA 9895 SW 34 STREET MIAMI FL 33165			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. or 617.0505, F.S.					
Signature of Registered Agent			Date		
 REGISTERED AGENT MUST SIGN			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 reasons 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: 			10/21/03 67805435610		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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,

A handwritten signature in black ink, appearing to read "Stepha Diaz", with a stylized flourish at the end.

Stephanie's Specs, Corp
President

ND

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