PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE FILED FOR REINSTATEMENT 02 OCT 30 AM 10: 42 P01000032571 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name SOPHIE SIMONE DESIGNS, INC. Principal Place of Business Mailing Address 4600 SW 67 AVE #221 4600 SW 67 AVE #221 MIAMI FL 33155 MIAMI FL 33155 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 Date Incorporated or Qualified To Do Business in Florida 03/30/2001 Suite, Apt. #, etc. Suite, Apt. #, etc 4600 SW67AVE 5. FEI Number City & State Applied For City & State Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip PD CORTINA, SOPHIE 4600 SW 67 AVE #221 MIAM! FL 33155 <u>500008701005</u> 10/30/02--01078--019 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CORTINA, SOPHIE Street Address (P.O. Box Number is Not Acceptable) 4600 SW 67 AVE #221 CH2E040 MIAMI FL 33155 Suite, Apt. #, Etc. City Zip Code State 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. SIGN Signature of Registered Agent RED AGENT MUST SIGN 11. I certify that I am an officer or director or free 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Davida - Di

From: Sophie S. Cortina

Sophie Simone Designs, Inc.

4600 SW 67 ave. #221 Miami, FL 33155

To the division of Corporations,

I am writing to inform you that I NEVER RECIVED the forms to pay the \$150 for my corporation, Sophie Simone Designs, Inc. I then did receive a letter stating that I had to pay \$500 for a late fee but was told by a person at your department to simply write a letter stating that I did not receive the original forms with a \$150 check. I mailed the check along with the letter a couple of months ago. I have now received another letter stating that my corporation had been dissolved. I called the department one more time and was instructed to again write this letter along with another \$150 check that was not receive the first time.

I have since changed accountants and would like you to take a note of her new address as I will not be dealing with the previous one (located at 1200 Biscayne Blvd, suite 507.)

My new accountant is Ana Castro located at: 2360 NW 7 street Miami FL 33125

Please do advise me of the reinstatement of my corporation so that I can resume my business as usual,

Thank you for your understanding,

Sincerely,

Sophie Simone Cortina