

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100043134

1. Corporation Name
SUBLISTYLE, INC.

2. Principal Office Address
15 SUNSHINE BLVD.

Suite, Apt. #, etc.

City & State
ORMOND BEACH, FLORIDA

Zip Country
32174 USA

3. Mailing Office Address
15 SUNSHINE BLVD.

Suite, Apt. #, etc.

City & State
ORMOND BEACH, FLORIDA

Zip Country
32174 USA

4. Date Incorporated or Qualified
To Do Business in Florida 4/30/2001

5. FEI Number
593743908

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

500036273255
05/13/04--01067--006 **300 00

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

REGISTERED AGENT MUST SIGN

Date

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
DTS	SABRINA ANNOVAZZI-BERTELE	489 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32716
DP	ANDREA BERTELE	489 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32716

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)(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABRINA A. BERTELE

Date

4/30/04

Daytime Phone #

386-672-7225

CR2E081 (01/04)

202

2029 Century Park East
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May 5, 2004

 silver & freedman
A PROFESSIONAL LAW CORPORATION
Catherine R. Durgin
Certified Paralegal
cdurgin@silfre.com

Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporation Reinstatement for Sublistyle, Inc. (the "Company")
Our File No.: 6552-100

Dear Sir/Madam:

Enclosed is an application for *Corporation Reinstatement* on behalf of Sublistyle, Inc., together with the filing fee of \$300 for the Company's 2003 and 2004 Annual Reports. The Florida Secretary of State administratively dissolved Sublistyle, Inc. on September 19, 2003, for failure to file its 2003 Annual Report. Due to administrative oversight, the Company failed to file its 2003 report and did not realize the deficiency until recently when the company attempted to file its 2004 Annual Report. We respectfully request that you waive any penalties.

Thank you in advance for your assistance in this matter.

Sincerely,

SILVER & FREEDMAN
A Professional Law Corporation



By: Catherine R. Durgin, CLAS
Certified Paralegal

Enclosures
cc: Duccio Mortillaro, Esq.