


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P01000047281</b>			
1. Corporation Name <b>LAURA'S Exclusive PROPERTIES, INC.</b>			
2. Principal Office Address <b>900 EAST OCEAN BLVD.</b> Suite, Apt. #, etc. <b>D-232</b> City & State <b>STUART</b> Zip <b>34994</b> Country <b>MARTIN</b>		3. Mailing Office Address <b>900 EAST OCEAN BLVD.</b> Suite, Apt. #, etc. <b>D-232</b> City & State <b>STUART</b> Zip <b>34994</b> Country <b>MARTIN</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>MAY 7, 2001</b>	
		5. FEI Number <b>65-1110816</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>LAURA T. HEPWORTH</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>900 EAST OCEAN BLVD.</b>			
Suite, Apt. #, Etc. <b>D-232</b>			
City <b>STUART</b>			
State <b>FL</b> Zip Code <b>34994</b>			
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 <b>Laura T. Hepworth</b>		Date <b>8/19/2005</b>	
REGISTERED AGENT MUST SIGN			
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
<b>Pres</b>	<b>LAURA T HEPWORTH</b>	<b>900 EAST OCEAN BLVD</b>	<b>STUART FL 34994</b>
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: <b>Laura T. Hepworth</b>		<b>8/19/2005 561-902-8327</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED  
05 AUG 22 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CR2E081 (01/05)