PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR 03 DEC 26 AHII: 57 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLARYSSTE FLORIDA DOCUMENT # P01000094098 1. Corporation Name SALOMEE LINGERIE INC Mailing Address Principal Place of Business HEINSTATEMENT 03 3**6**00 NE 190TH STREET **SUITE 216** AVENTURA FL. 33180 If aboye addresses are incorrect in any way, line through incorrect information and enter correction below New Precipal Office Address: Il Applicable 3." New Mailing Office Address, if Applicable 4. Date theorporated or Qualified To Do Business in Florida 3**6**00 NE 190 STREET 09-26-2001 Suite, Apl. F. etc. 5. FEI Number Applie 65-1141025 City & State Not Ac **AVENTURA** FI Country MIAMI DADE CERTIFICATE OF STATUS DESIRED 33180 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Sirent Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(S) 3**6**00 NE 190 STREET # 216 **AVENTURA FL 33180** PST KARINE BERDAH 2010025777142 22648-01078-006 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KARINE BERDAH SAME Idress (P.O. Box Number is Not Acceptable) 3600 NE 190 STRET # 216 Sunte, Apl. #. Etc. **AVENTURA FL 33180** Zip Code 10 it, being appointed the registered agent of the above named corporation; am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent X Date 12/24/2003 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year Intangible Personal Property Tax due June 30. (See other side for inform on intangible tax.) Yes 🔲 No 🛛 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 517, F.S. I further certify that when this reinstitutement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807,0401 or 817,0401, F.S., that all I on this application have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(ij, F.S. The information in this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNING OFFICER OR DIRECTOR

SALÖMEE LINGERIE INC

3000 NE 190 Street, Suite 216 Aventura, Florida 33180 Ph: 305-932-0621 E-mail: SalomeelingerieAOL.com

FEI #: 64-1141025

REF: CORPORATON REINSTATEMENT

Miami, 12/24/03

DEPARTMENT OF STATE Division of Corporation 409 E Gaines Street Tallahassee, FL 32394

To who it may concerned,

Please find an application for the reinstatement of my company.

Dear Sirs, Per our my conversation with one of your representive on 12/24/03 at the division of corporation service, I explained her what was my surprise when I saw on your website that the status of my company was inactive.

She tried to find out why and she told me that you mailed me the form for 2003 to a wrong address at Cyprus Road in North Miami Florida.

I want to let you know that I had changed the business company address on April 2002 at 3095 NE 190 Street, # 201 Aventura Florida 33180.

At this time, I thought that the mailing address was been updated also.

However I never received the form for 2003 and as your representative told me to ask you to waive the \$ 600.00 of penalties and to mail you a check of \$ 150.00 with this letter and the application.

I really hope you will believe in my honesty and please find the new address above .

Have a really good holidays. Sincerely,

Karine Berdah

President.