PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 APR 28 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109736

1. Corporation Name PJ'S FABRICS AND ACCESSORIES INC

Didn't received the 2002 Uniform Bussiness Report. Send. #300.

2. Principal Office Address	3. Mailing Office Address
1134 W. FLAGLER ST	36 NW 10 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FLORIDA
Zip: 33130 Country: USA	Zip: 33128 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [ ] Applied For [X] Not Applicable

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

7. Name and Address of Current Registered Agent

Name: GUSTAVO BONILLA

Street Address (P.O. Box Number is Not Acceptable): 36 NW 10 AVE

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33128

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 _____ Date 4/19/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	GUSTAVO BONILLA	36 NW 10 AVE	MIAMI, FL 33128

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04/28/03--01084--013 **300.00

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: GUSTAVO BONILLA 4/19/03 (305)324 0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/29