


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

05 FEB -4 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000027867

1. Corporation Name
PAPICHULO STYLE, INC.

Principal Place of Business 25755 SW 122 COURT HOMESTEAD FL 33032	Mailing Address 25755 SW 122 COURT HOMESTEAD FL 33032
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REINSTATEMENT ~~03-05~~

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		4. Date Incorporated or Qualified To Do Business in Florida 03/13/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 02-0566963	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	CUEVAS, OMAR	25755 SW 122 COURT	HOMESTEAD FL 33032
			100046419151 02/11/05--01017--006 **900.00
			300024565533 11/10/03--01069--021 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CUEVAS, OMAR 25755 SW 122 COURT HOMESTEAD FL 33032		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 01/28/05
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date: 01/28/05 (305) 984-8181 Daytime Phone #

CR26040 (7/03)