

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O3 NOV 18 PM 3: 30 SECRETARIE OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # POROCOTAT 18 1. Corporation Name		TALLAHASSEE, FLORIDA
KAPRIC F	OR WOMEN, INC.	DEMOTATEMENT 02
2. Principal Office Address 159 East Bloomingdare Ate. Suite, Apt. #, etc.	3. Mailing Office Address 159 EAST Bloomingdale AJE. Suite, Apt. #, etc.	500024799666 11/18/0301045013 **150.00
City & State	City & State	Date Incorporated or Qualified To Do Business in Florida Applied For Applied For
Brandon FL Zip Country	Brandon FL Zip Country	6. Not Applicable
33511 U.S	33511 U.S	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) 32 19 West SAN JUAN ST. # A Suite, Apt. #, Etc. City TAMPA State Zip Code FL 33629		
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 12-13-03 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT Chris TASIS	3219 WEST 500.	JUAN "A" TAMPA FL 33629
VSD ELIZABETH JEAN	TURSI 159 EAST Blooming	dale Ave Brandon FL 37511
		Africay
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, 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 TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		



To whom it may concern,

I apologize for the allowing the Kaprice for Woman Corporation to become inactive. My partner Greg Banning was listed to receive all information concerning the corporation. He physically left the to pursue other opportunities. He was still listed as a major shareholder and as the Corporate Secretary. I have made numerous attempts with Greg to resolve the situation with limited success. Greg never informed me that anything was required by the State of Florida. Greg will no longer be involved with the corporation. We are a small company who is struggling to succeed. The day I found out of the inactive status I took action to resolve the matter. Again I apologize for the error and ask for a concession.

Regards,

Chris Tasis