

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/05/04--01051--022 \*\*300.00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>802000087281</u>			
<b>1. Corporation Name</b> Fashion Esquire, Inc.			
<b>2. Principal Office Address</b> 9501 Arlington Expressway		<b>3. Mailing Office Address</b> 9501 Arlington Expressway	
Suite, Apt. #, etc. 370		Suite, Apt. #, etc. 370	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225	Country USA	Zip 32225	Country USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>8/12/2002</u>	
<b>5. FEI Number</b> 06-1643218	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name Samer Mohamad Samer	
Street Address (P.O. Box Number is Not Acceptable) 9501 Arlington Expressway	
Suite, Apt. #, Etc. 370	
City Jacksonville	State FL
Zip Code 32225	

<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.</b>	
Signature of Registered Agent 	Date <u>5-17-04</u>
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Tayarah, Mohamad Samer	9501 Arlington Expressway Ste 370	Jacksonville, FL 32225
<u>NO other OFFICER or DIRECTORS</u>			
<u>BUT my SELF</u>			

<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.</b>	
<b>SIGNATURE:</b> <u>Samer</u>	<b>Date</b> <u>4-28-04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR20081 (01/04)

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**Fashion Esquire, Inc.**  
**9501 Arlington Expressway Suite 370**  
**Jacksonville, FL 32225**  
**(904) 359-6556**

April 27, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Dear Sir or Madam:

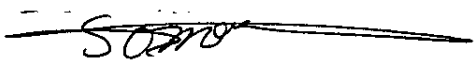
I have never received a Uniform Business Report renewal application for my corporation and because of it my corporation has been dissolved. Enclosed is the form I downloaded from the internet with the appropriate fee of \$300.00 dollars.

I would appreciate it if you could waiver any reinstatement fees since I never received any type of notice that I had to renew the corporation.

If you have any questions please call me I may be reached at (904) 359-6556.

Sincerely,

Samer Tayarah Mohamad



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