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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG -9 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200010076

1. Corporation Name

The Wedding Works Corporation

3050 Alton Road
3050 Alton Road

2. Principal Office Address

3050 Alton Road

Suite, Apt. #, etc.

3. Mailing Office Address

3050 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33140

Country

USA

Zip

33140

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/2002

5. FEI Number

54-2075221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Gary R. Saslaw, Esq.

Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 304

City

Aventura

State

FL

Zip Code

33180-1422

300040011343
08/09/04--01052--019 **300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/21/04

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, S, T, & D	Nora Reinfeld	3050 Alton Road	Miami Beach, FL. 33140

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.

THE WEDDING WORKS CORPORATION

By:

SIGNATURE:

Nora Reinfeld, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

[Signature]

305-582-9800
Daytime Phone #

CR2E081 (01/04)

2 of 2

Wedding Works

3050 Alton Road
Miami Beach, Florida 33140

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 3, 2004

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Dear Sirs:

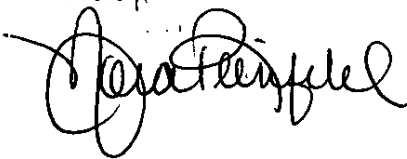
I took a year maternity leave shortly after establishing this corporation. We did not receive annual report for 2003 and as a result have not filed timely. This dissolution was in fact just recently received along with other forward expired mail from the USPS.

Enclosed is the application for reinstatement and the fee for 2003 and 2004 totaling \$300.00

We respectfully request that the reinstatement fees be waived as a result of the aforementioned.

Thank you.

Sincerely,



(305) 582-9800

www.wedding-works.com