


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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06 JUL -7 AM 7:20

DOCUMENT # P 03000004926

1. Corporation Name

BELLISSIMO SHOES & HANDBAGS ACCESORIES, INC.

2. Principal Office Address
2121 PONCE DE LEON BLVD.

3. Mailing Office Address
2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 240

Suite, Apt. #, etc.
SUITE 240

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES

Zip
33134

Country
USA

Zip
33134

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida JAN-14-2003

5. FEI Number
65-1168059

Applied For
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
GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
SUITE 240

City
CORAL GABLES,

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date 6/27/06

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
PVSTD	GERALDINE VILLA	2121 PONCE DE LEON BLVD. STE. 240	CORAL GABLES, FL. 33134

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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/06

Date

305-444-8333

Daytime Phone #

B. Mitchell JUL 11 2006