

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11092004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000007402			
1. Entity Name JP FASHIONS CORP.			
Principal Place of Business 444 BRICKELL AVE STE 300 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVE STE 300 MIAMI, FL 33131	
2. Principal Place of Business 10918 NW 69 TERRA Suite, Apt. #, etc.		3. Mailing Address 10918 NW 69 TERRA Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. FEI Number 41-2085521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORRIGAN, JOHN P 444 BRICKELL AVE STE 300 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: PACHECO, LIDA, P Street Address (P.O. Box Number is Not Acceptable) 11231 NW 73 TERRA City: MIAMI FL Zip Code: 33178	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Lida Raab Pacheco</u> DATE: <u>11/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOMEZ, JUAN B 6957 NW 109 AVE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOMEZ, JUAN B 11231 NW 73 TERRA MIAMI, FL, 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042837252 11/17/04--01054--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042837252 11/17/04--01054--002 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like and powered.			
SIGNATURE: <u>[Signature]</u>			