

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JUN 24 AM 11:50

RECEIVED
REINSTATEMENT
RECEIVED JUN 24 2005
OF-55

DOCUMENT # P03000033350

1. Entity Name
BRANDYS ELEGANCE, INC.



Principal Place of Business

113 NORTH FEDERAL HWY
DANIA Beach, FL 33334

Mailing Address

113 NORTH FEDERAL HWY
DANIA Beach, FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

IN 27 2005

4. FEI Number

38-3692196

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, GERALD
113 NORTH FEDERAL HWY
DANIA Beach, FL 33334

Name

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

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 PVST
NAME MCKINNON, BRANDY
STREET ADDRESS 6538 COLLINS AVENUE, SUITE 243
CITY-ST-ZIP MIAMI BEACH, FL 33414

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME MCKINNON, BRANDY
STREET ADDRESS 6538 COLLINS AVENUE, SUITE 243
CITY-ST-ZIP MIAMI BEACH, FL 33414

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

100056676201
06/29/05-01031-001 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 empowered.

SIGNATURE: *Brandy Mckinnon* -30-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #