

## 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000035450</b> 1. Entity Name <b>RACHELLE'S IMPORTS, INC.</b>						FILED 04 DEC 29 PM 4:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 						
Principal Place of Business <b>4534 FLATWOOD LANE</b> <b>ORLANDO, FL 32829</b>				Mailing Address <b>4534 FLATWOOD LANE</b> <b>ORLANDO, FL 32829</b>		OK						
2. Principal Place of Business <b>4534 Flatwood Ln.</b> <small>Suite, Apt. #, etc.</small> <b>Orlando FL</b> City & State		3. Mailing Address <b>4534 Flatwood Ln.</b> <small>Suite, Apt. #, etc.</small> <b>Orlando FL</b> City & State		12092004 REIN-P CR2E098 (6/04)						4. FEI Number <b>55-0829936</b> Applied For Not Applicable		
Zip <b>32829</b>		Country <b>Orange</b>		Zip <b>32829</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent <b>BURQUE, MARIA</b> <b>4534 FLATWOOD LANE</b> <b>ORLANDO, FL 32829</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>			12/22/04 DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				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 <b>Maria C. Burque</b> <input type="checkbox"/> Delete		STREET ADDRESS <b>4534 Flatwood Ln.</b>			CITY-ST-ZIP <b>Orlando FL 32829</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
TITLE NAME <input type="checkbox"/> Delete		STREET ADDRESS			CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
TITLE NAME <input type="checkbox"/> Delete		STREET ADDRESS			CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
TITLE NAME <input type="checkbox"/> Delete		STREET ADDRESS			CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
TITLE NAME <input type="checkbox"/> Delete		STREET ADDRESS			CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
TITLE NAME <input type="checkbox"/> Delete		STREET ADDRESS			CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>							12/22/04 Date			Daytime Phone #		