


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08
CR2E081 (1/07)

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000048441
1. Corporation Name
Dulce Vida Fashions, Inc.

2. Principal Office Address - No P.O. Box #
12176 Kingsbury Ave
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 496728
Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State
Port Charlotte FL

Zip Country
33981 USA

Zip Country
33949 USA

4. Date Incorporated or Qualified To Do Business in Florida 05/01/03

5. FEI Number NIA 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
S. M. James

Street Address (P.O. Box Number is Not Acceptable)
12176 Kingsbury Ave

Suite, Apt. #, Etc.

City State Zip Code
Port Charlotte FL 33981

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *S. M. James* Date 12-27-07
REGISTERED AGENT MUST SIGN

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
Pres	S. Maria James	12176 Kingsbury Ave	Port Charlotte, FL 33981

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: *S. Maria James as Pres.* Date 12-27-07 Daytime Phone # 941-698-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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