


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
07 JAN -8 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703000140530
1. Corporation Name
YVONNE'S Bijoux Bead Company

REINSTATEMENT *04-07*

2. Principal Office Address <i>4727 NW. 115th L.</i>	3. Mailing Office Address <i>4727 NW. 115th L.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Coral Springs, FL</i>	City & State <i>Coral Springs FL</i>
Zip <i>33076</i>	Country <i>Broward</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>01/02/07</i>	CR2E081 (12/05) <i>013</i>	<i>\$308.75</i>
5. FEI Number <i>364544603</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>YVONNE BOURGSEN</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>4727 NW. 115th Terrace</i>		
Suite, Apt. #, Etc.		
City <i>Coral Springs</i>	State <i>FL</i>	Zip Code <i>33076</i>

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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 *Yvonne Bourgson* Date *01/05/07*

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
<i>Pres.</i>	<i>YVONNE BOURGSEN</i>	<i>4727 NW. 115th L.</i>	<i>Coral Springs FL 33076</i>

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: *Y. Bourgson* Date *01/05/07* Daytime Phone # *9385400602*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/07

Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: Michelle Milligan;

Dear Ms. Milligan,

As per our telephone conversation, I am writing this letter to inform you that I did not receive any reinstatement forms or letter state that my corporation had expired and had required a renewal fee. Enclosed is a check for \$300.00 which I understand is the balance necessary to renew. Thank you again for all of your help. My phone numbers if you need to contact me are work, (954) 344-8300, cell (954) 540-0602.

Sincerely Yours,

J. Brownson
Vivian's Bijoux Bead Company
Doc # 803000140536