

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -8 AM 9:01

DOCUMENT # P04000017915

1. Corporation Name

SAINT CLAIRE CONCEPTS, INC.

800068106858
03/20/06--01021--004 **908.75

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

8510 SW 124 ST.

3. Mailing Office Address

— (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33156

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01.26.2004

5. FEI Number

86-1094954

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

Addifina Shirko

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

8510 SW 124th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Addifina Shirko
REGISTERED AGENT MUST SIGN

Date

3/6/06

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
<u>P.D.</u>	<u>GEORGE L. FERNANDEZ</u>	<u>8510 SW 124 ST</u>	<u>Miami, FL 33156</u>
<u>S.D.</u>	<u>Addifina Shirko</u>	<u>U</u>	<u>U</u>

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:

Addifina Shirko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/06

Daytime Phone #

305 519 2658