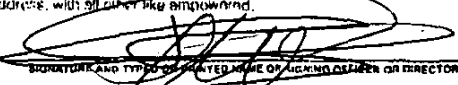


1 of 3

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P04000133824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |  |                                                    | 05 OCT 18 PM 12:50                                                                                 |  |
| 1. Entity Name<br><b>THE FRENCH TOUCH INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                   |                                                    | REINSTATEMENT <u>OS</u>                                                                            |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| 2. Principal Place of Business<br><b>1313 Southeast 3rd Ave.</b><br>State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | 3. Mailing Address<br><b>P.O. BOX 143</b><br>State, Apt. #, etc.                  |                                                    |                                                                                                    |  |
| City & State<br><b>Deerfield Beach, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | City & State<br><b>Deerfield Beach, FL</b>                                        |                                                    | 4. FEI Number <input type="checkbox"/> Applied For<br>Not Applicable                               |  |
| Zip<br><b>33441</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br><b>United States</b>                                              | Zip<br><b>33443</b>                                                               | Country<br><b>United States</b>                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |  |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                   |                                                    | 7. Name and Address of Current Registered Agent                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |                                                    | Name <b>SPIEGEL &amp; UTRERA, P.A.</b>                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |                                                    | Street Address (P.O. Box Number is Not Acceptable)<br><b>1840 Southwest 22 Street, 4th Floor</b>   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |                                                    | City <b>Miami</b> <b>FL</b> Zip Code <b>33145</b>                                                  |  |
| 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. <b>SPIEGEL &amp; UTRERA, P.A.</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| SIGNATURE By: <b>Natalia Utrera, Vice-President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$350.00<br>Attached UBR is \$67.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May be<br>Added to Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Chabaud, Lauren PD<br>1313 Southeast 3rd Avenue<br>Deerfield Beach, FL 33441 |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 700081066977<br>11/01/05 - 11/028 - 11/21 **150                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(b), 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 liquidator appointed to receive the report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fees accompanied. |                                                                              |                                                                                   |                                                    |                                                                                                    |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                   | 10/15/05                                           |                                                                                                    |  |

CR2600B (12/02)

# Spiegel & Utrera, P.A.

Counselors & Attorneys at Law

2082

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JON M. HARDY<sup>1</sup>  
TIMOTHY J. HEALY<sup>1</sup>  
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TAMARA L. KLOPENSTEIN<sup>1</sup>  
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Post Office Box 450605  
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## SENIOR PARALEGALS

GRACIELA BATTAGLIA  
IRMA C. MARQUEZ

CLAUDIA MERINO

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<sup>11</sup> Licensed in California  
<sup>11</sup> Licensed in New York  
<sup>11</sup> Licensed in New Jersey  
<sup>11</sup> Licensed in Illinois, Iowa & Florida  
<sup>11</sup> Licensed in Nevada & California  
<sup>11</sup> Licensed in New York & New Jersey  
<sup>1</sup> Licensed in New York, New Jersey & D.C.  
<sup>1</sup> Licensed in Illinois & Reg. U.S. Patent Office  
<sup>1</sup> Licensed in Florida and Florida Civil Law Notary  
<sup>1</sup> Licensed in New York, Florida & Qualified Solicitor  
in England and Wales  
<sup>1</sup> Licensed in Florida and Registered as a Foreign  
Lawyer in England and Wales  
<sup>1</sup> Licensed in Florida & Qualified Solicitor  
in England and Wales

September 22, 2005

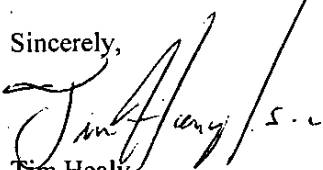
State of Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Waiver of Annual Report late fee for THE FRENCH TOUCH INC. a Florida Corporation Document  
Number P04000133824

Dear Sir or Madam:

Please be advised that Spiegel & Utrera, P.A., (hereinafter the "Firm") is general counsel for the above-captioned company (hereinafter the "Company"). The Company failed to file its Uniform Business Report or pay the Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Company. Therefore, please allow this correspondence to serve as a request that the Florida Department of State Division of Corporations waive the late fee for the Company upon the filing by the Company of its Uniform Business Report and payment of the filing fee for same, which are presented contemporaneously with this request.

Sincerely,

  
Tim Healy  
For the Firm

Enclosures:

1. UBR
2. Filing fee