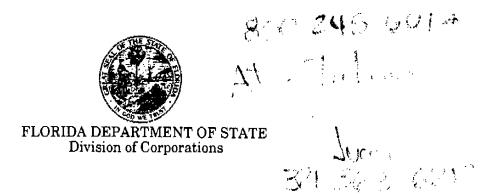
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				S	DEPART Secretary SION OF C	of S		Ξ		2008 SEP 1	5 AMIC	D: 01	
DOCUMENT # P04000139643										SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Corporation Name FASHION MODELS INC												331 20	MIUA	
rasr		IODE												
2. Principal Office Address - No P.O. Box # 3. Maili						iling Office Address								
13923 SW 103 LN 1					13923 SW 103 LN				_	CR2E081 (12/07)				
Suite, Apt. #, etc. St					Suite, Apt. #, etc.				ŀ	4. Date Incorporated or Qualified 10 - 08 - 2004				
City & State C					City & State									
MIAMI FL					MIAMI FL					5. FEI Number Applied For 201847313 Not Applicable				
Zip 33186		Country DADE			Zip 33186		Country 6. CERTIF		6. CERTIFICATE	TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent														
Name GUADALUPE ESTUPINAN										The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 13923 SW 103 LN										the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc.										received and requesting the reinstatement fee be waived.				
MIAMI FL							State Zip Code FL 33186							
8. I, being Signature o Registered	of 🗸	e register	red agent of the	e abov	ligations of section 607.0505 or 617.0503, F.S. Date									
9. Names	s and Street A	ddresses	of Each Office	er and	or Director (Flo	rida nonpro	ofit corpo	orations must list a	at lea	ıst 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo				ach ector	City / State / Zip				
PD	GUADALUPE ESTUPINAN				13923 SW 103 LN					MIAMI FL 33186				
VP	OLGA ESTUPINAN				13923 SW 103 LN					MIAMI FL 33186				
	700136140227 09/19/0801008008 **308 REMENT									227 **308.75				
			****		ATE		_1,	R	E		ATE	ME)	NT 07-08	
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 11 18. Surther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401, 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: SIGNATURE AND THEOLOGY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Daylime Phone #														
			7		/ /									



September 19, 2008

MADERA CUSTOM CABINETRY 2400 FORSYTH RD, STE 105A ORLANDO, FL 32807

01280860037021

Subject: MADERA CUSTOM CABINETRY

RE: 108A00050870

We have received your document for the above Fictitious Name Registration; however, the document has not been filed and is being returned for the following:

To notify this office of a change of ownership of the above fictitious name registration, complete Sections 1 through 4 of the enclosed application. The fee to process the application is \$50.

The check for \$60 is being return.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section Division of Corporations

Letter No. 108A00050870