2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN -4 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161408

1. Entity Name
MIRI DESIGNS INC

Principal Place of Business	Mailing Address
3150 NE 190 STREET 102 AVENTURA, FL 33180 US	3150 NE 190 STREET 102 AVENTURA, FL 33180 US

2. Principal Place of Business	3. Mailing Address
4020 Sheridan St	4020 Sheridan St
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

REINSTATEMENT 12212005 REIN-P CR2E098 (6/04) 05

4. FEI Number: ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAKSBERGER, MIRYAM 3150 NE 190 STREET 102 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P-D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BURSTEIN, DAN	NAME	
STREET ADDRESS	3150 NE 190 STREET #102	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	VP-D ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	WAKSBERGER, MIRYAM	NAME	
STREET ADDRESS	3150 NE 190 STREET #102	STREET ADDRESS	4020 SHERIDAN ST STE B
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ Delete	TITLE	T ☐ Change ☒ Addition
NAME		NAME	JOSEFE WAKSBERGER
STREET ADDRESS		STREET ADDRESS	4020 SHERIDAN ST STE B
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	300062627263
CITY-ST-ZIP		CITY-ST-ZIP	01/04/06--01017--004 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JAN 5 2005