


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P05000075419</b>					
1. Entity Name <b>JIREH PREMIUM JEANS, INC.</b>					
Principal Place of Business <b>777 NW 72 AVE. #1096A MIAMI, FL 33126</b>			Mailing Address <b>777 NW 72 AVE. #1096A MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>30-0320822</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LILA, ARAUZ 777 NW 72 AVE. #1096A MIAMI, FL 33126</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	ARAUZ, LILA C				
STREET ADDRESS	777 NW 72 AVE.				
CITY - ST - ZIP	MIAMI, FL 33126				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	BOWLES, TANIA				
STREET ADDRESS	777 NW 72 AVE.				
CITY - ST - ZIP	MIAMI, FL 33126				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	BOWLES, KAREN				
STREET ADDRESS	777 NW 72 AVE.				
CITY - ST - ZIP	MIAMI, FL 33126				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>L. Arauz</u> <b>09/27/07</b> <b>305 2609672</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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