
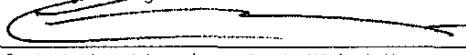
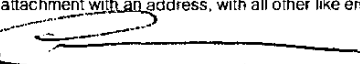


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000018924</b> 1. Entity Name <b>7 COLLECTION, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>37 DEC -7 AM 11:28</b>	
Principal Place of Business <b>755 NW 72 AVENUE SUITE 17 MIAMI, FL 33126</b>				Mailing Address <b>755 NW 72 AVENUE SUITE 17 MIAMI, FL 33126</b>			
2. Principal Place of Business - No P.O. Box # <b>777 NW 72 AVE</b>				3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>SUITE 17</b>				Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL</b>				City & State 			
Zip <b>33126</b>		Country <b>USA</b>		Zip 		Country 	
4. FEI Number <b>204318051</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  <b>ZAFRA, CINDY D 755 NW 72 AVENUE SUITE 17 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>CINDY D. ZAFRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 NW 72 AVE</b> <b>SUITE 17</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</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.  SIGNATURE  DATE <b>12/6/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZAFRA, CINDY D 755 NW 72 AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>777 NW 72 AVE SUITE 17 MIAMI, FL 33126</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAFRA, CINDY D 755 NW 72 AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>777 NW 72 AVE SUITE 17 MIAMI, FL, 33126</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>REINSTATEMENT</b>				500113157805 12/14/07--01045--007 **150.00			
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: 				Date <b>12/6/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			