## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLÉTING THIS FORM.

| REINSTATEMENT   |                                      |                        |                              |                                  |                            | DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS |                        |                 |                        | FILED  09 HAR 30 AM IO: 27  SECRETARY OF STATE  |  |                 |                 |
|---|--------------------------------------|------------------------|------------------------------|----------------------------------|----------------------------|---|------------------------|-----------------|------------------------|---|--|-----------------|-----------------|
| DOCUMENT # P06000046911  1. Corporation Name  |                                      |                        |                              |                                  |                            |   |                        |                 | TALLAHASSEE, FLORIDA   |   |  |                 |                 |
| VITRINE FASHION DESIGN, CORP.   |                                      |                        |                              |                                  |                            |   |                        |                 |                        | ı   |  |                 |                 |
| W01000010700  |                                      |                        |                              |                                  |                            |   |                        |                 |                        | 200144616422<br>02/27/0901031023 **300.00   |  |                 |                 |
| 2. Principal Office Address - No P.O. Box #         3. Mailing O           2401 RIVERSIDE DRIVE         2401 RIV  |                                      |                        |                              |                                  |                            | ffice Address ERSIDE DRIVE                                    |                        |                 |                        | REINSTATEMENT 7-09  |  |                 |                 |
| Suite, Apt. #, etc. Suite, Apt. #, 417B #417B   |                                      |                        |                              |                                  |                            | etc.  |                        |                 |                        | 4. Date Incorporated or Qualified To Do Business in Florida 04/03/2006  |  |                 |                 |
| City & State City & State  CORAL SPRINGS CORAL S  |                                      |                        |                              |                                  |                            | PRINGS  |                        |                 |                        | 5. FEI Number Applied For   |  |                 |                 |
| Zip<br>33065  | Zip Country                          |                        |                              |                                  | Zip<br>33065               |   |                        | Country         |                        | 20.460955 Not Applicable  6. CERTIFICATE OF STATUS DESIRED Status for a Certificate of Status   |  |                 |                 |
| 7. Name and Address of Current Registered Agent   |                                      |                        |                              |                                  |                            |   |                        |                 |                        |   | ·· <u>·</u> ······   |                 |                 |
| Name<br>WANDERSON MATILDES  |                                      |                        |                              |                                  |                            |   |                        |                 |                        | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not |  |                 |                 |
| Street Address (P.O. Box Number is Not Acceptable) 2401 RIVERSIDE DRIVE#4178  |                                      |                        |                              |                                  |                            |   |                        |                 |                        |   |  |                 |                 |
| Suite, Apt. #, Etc.   |                                      |                        |                              |                                  |                            |   | State Zip Code         |                 |                        | received and requesting the reinstatement fee be waived.  |  |                 |                 |
| CORAL SPRINGS   |                                      |                        |                              |                                  |                            |   | FL 33065               |                 |                        |   |  |                 |                 |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S.  Signature of Registered Agent = \( \sqrt{2000} \) |                                      |                        |                              |                                  |                            |   |                        |                 |                        |   |  |                 | <u> </u>        |
| 9. Names  | s and Street A                       | ddresse                | s of Each O                  |                                  |                            | GENT MUST   | _                      | orations must l | ist at le              | ast 3 directors)  |  | ·               | <u> </u>        |
| Titles  | Name of<br>Officers and∤or Directors |                        |                              |                                  |                            | Street Address of Eacl<br>Officer and/or Directo              |                        |                 |                        | City / State / Zip  |  |                 | <u> </u>        |
| P,D   | WANDERSON MATILDES                   |                        |                              |                                  |                            | 2401 RIVERSIDE DRIVE#   |                        |                 |                        | 417B  | CORAL SPRINGS, FL 33065  |                 |                 |
| VP,D  | YOANKA OLIVERA                       |                        |                              |                                  |                            | 2401 RIVERSIDE DRIVE#4  |                        |                 |                        | 17B CORAL SPRINGS, FL 33065   |  |                 |                 |
| S,D   | GEAN MATILDES                        |                        |                              |                                  |                            | 2401 RIVERSIDE DRIVE#4  |                        |                 |                        | 17B CORAL SPRINGS, FL 33065   |  |                 |                 |
| !   |                                      |                        |                              |                                  | 2/21                       |   |                        |                 |                        | ···   |  | ····            |                 |
| 100 10  |                                      |                        |                              |                                  |                            |   |                        |                 |                        | 200144616422<br>  |  |                 | 22<br>**150.00— |
|   |                                      |                        | _                            |                                  | -                          |   | _                      |                 |                        | ·   |  |                 |                 |
| this re<br>owed I   | instatement a<br>by the corpora      | pplicatio<br>ation hav | n, the reaso<br>ve been paid | n for dissoluti<br>I and the nam | on has bee<br>es of indivi | n eliminated<br>duals listed                                  | l, the co<br>on this f | rporate name s  | satisfies<br>alify for | the requirements<br>an exemption cor  | apter 607 or 617, F.<br>s of section 607.040<br>stained in Chapter 1 | 11 or 617.0401, |                 |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

02/19/2009