2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# P06000098803

Entity Name: AN EXTRAVAGANT AFFAIR. INC.

Current Principal Place of Business:

636 NW 13 ST #28
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

636 NW 13 ST #28
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 57-1240338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUSTIN, DOMINIQUE
636 NW 13TH ST
28
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DOMINIQUE FAUSTIN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMON, LOWRIE
Address: 3171 GROVE RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: V ( ) Delete
Name: FAUSTIN, DOMINIQUE
Address: 636 NW 13TH #28
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete
Name: SIMON, SYRETTA
Address: 3171 GROVE RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S (X) Delete
Name: VOLEL, SUNJA
Address: 4363 NW 115 CT
City-St-Zip: MIAMI, FL 33178

Title: DIR. ( ) Delete
Name: FAUSTIN, REGINALD
Address: 636 NW 13TH #28
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIQUE FAUSTIN V 10/05/2007
Electronic Signature of Signing Officer or Director Date