

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT -7 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000108721
 1. Entity Name
DOLLHOUSE COUTURES INC

Principal Place of Business 8431 DYNASTY DRIVE BOCA RATON, FL 33433 US	Mailing Address 8431 DYNASTY DRIVE BOCA RATON, FL 33433 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10012008 REIN-P CR2E098 (1/07)

4. FEI Number APPLIED FOR 20-5422451	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, COREY P
2911 E MAIN STREET
PAHOKEE, FL 33476**

7. Name and Address of New Registered Agent

Name **PATRICIA PEREIRA**
 Street Address (P.O. Box Number is Not Acceptable)
8431 DYNASTY DRIVE
 City **BOCA RATON** FL Zip Code **33433**

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 **10/2/08**

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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 <input type="checkbox"/> Delete	TITLE		TITLE			
NAME	PEREIRA, PATRICIA	NAME		NAME			
STREET ADDRESS	8431 DYNASTY DRIVE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP		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 DATE **10/2/08** Daytime Phone # **561-400-9344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SX