


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P930000011075</b>		99 JUN -7 AM 9:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>Interfashion Group, Ltd., Inc.</b>			
Principal Place of Business <b>3700 Galt Ocean Drive, Suite 1508 Fort Lauderdale, FL 33308</b>		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable <b>same</b>		3. New Mailing Office Address, If Applicable <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>02/12/1993</b>			
5. FEI Number <b>65-0388858</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Gillespie, Bruce	3700 Galt Ocean Dr. #1508	Ft. Laud., FL 33308
VP	Gillespie, Gloria C.	3700 Galt Ocean Dr. #1508	Ft. Laud., FL 33308
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Gloria C. Gillespie</b> Street Address (P.O. Box Number is Not Acceptable) <b>3700 Galt Ocean Dr. #1508</b> Suite, Apt. #, Etc. City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33308</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <b>Gloria C. Gillespie, VP</b> <i>Gloria C. Gillespie</i> Date <b>6/4/99</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.C101, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE <b>Gloria C. Gillespie VP</b> <i>Gloria C. Gillespie</i> Date <b>6/4/99</b> <b>KH</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954 946 0000 Cyrillic Phone #			

CR2E081 (12/98)