


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 30 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05
CR2E081 (8/05)

DOCUMENT # P94000021174

1. Corporation Name
MARY LOUISE DESIGNS, INC

2. Principal Office Address <u>5130 SW 74 Terr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5130 SW 74 Terr</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33143</u>	Country <u>USA</u>	Zip <u>33143</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 3/9/1994

5. FEI Number 65-0504485 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARY LOUISE YOUNG

Street Address (P.O. Box Number is Not Acceptable)
5130 SW 74 Terr

Suite, Apt. #, Etc.

Miami, FL 33143

700060092557
09/30/05 01006 006 **750 00

State FL Zip Code 33143

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 [Signature] Date 9/26/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Ms.	MARY LOUISE YOUNG	5130 SW 74 Terr	Miami, FL 33143

10. 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 617.0401, 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: [Signature] Date 9/26/05 Daytime Phone # 305 661-9472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR