


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 05 SEP 30 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> P94000021174					
<b>1. Corporation Name</b> MARY LOUISE DESIGNS, INC					
<b>2. Principal Office Address</b> 5130 SW 74 Terr Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 5130 SW 74 Terr Suite, Apt. #, etc.		
<b>City &amp; State</b> Miami, FL Zip 33143 Country USA			<b>City &amp; State</b> Miami, FL Zip 33143 Country USA		
			<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/9/1994		
			<b>5. FEI Number</b> 65-0504485 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
			<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>					
Name: MARY LOUISE YOUNG					
Street Address (P.O. Box Number is Not Acceptable): 5130 SW 74 Terr					
Suite, Apt. #, Etc.					
Miami, FL 33143					
State: FL Zip Code: 33143					
<b>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.</b>					
Signature of Registered Agent: [Signature] Date: 9/26/05					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
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	
<b>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.</b>					
SIGNATURE: [Signature] Date: 9/26/05 305-6661-9472					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					