

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000036882 1. Entity Name FANTASIA'S BOUTIQUE INC.				 06 OCT 31 11:03:37	
Principal Place of Business 12915 VILLAGE BLVD MADEIRA BEACH, FL 33708 US			Mailing Address 12915 VILLAGE BLVD MADEIRA BEACH, FL 33708 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3247007	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFA, MICHAEL J 211 BATH CLUB BLVD N N REDINGTON BEACH, FL 33708				7. Name and Address of New Registered Agent Name MICHAEL D'AMATO Street Address (P.O. Box Number is Not Acceptable) 216 N BATH CLUB BLVD City N REDINGTON BEACH FL Zip Code 33708	
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 MICHAEL J. D'AMATO <i>Michael J. D'Amato</i> 10/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOFFA, MICHAEL J <input checked="" type="checkbox"/> Delete 211 BATH CLUB BLVD N N REDINGTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081387511 10/31/06--01049--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete D'AMATO, MICHAEL 216 N BATH CLUB BLVD N REDINGTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete MOFFA, SUZANNE 211 N BATH CLUB BLVD N REDINGTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNA MARIE D'AMATO 216 N BATH CLUB BLVD N REDINGTON BEACH, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michael J. D'Amato</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10/25/06 727-398-6025 <small>Date Daytime Phone #</small>		