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APPROVED AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1197000018139
APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1297 OCT 31 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000049280 (8)

1. Corporation Name
MIAMI FASHION, INC

Principal Place of Business Mailing Address

500 NW 24th Street **same as principal**
Miami, FL 33127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida **6/27/94**

5. FEI Number **65-0532990** Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
DP	VICTOR BALLESTAS	500 NW 24th St	Miami, FL 33127
DVPS	IVETTE BALLESTAS	"	"
D	LOREN Y. BALLESTAS	"	"
D	VICTOR M. BALLESTAS, JR	"	"
D	IVONNE BALLESTAS	"	" SCC 10-31-97

REINSTATEMENT '96-'97

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

OTERO & MULLIN, P.A.
75 VALENCIA AVENUE, 4th Floor
CORAL GABLES, FL 33134

Name: **VICTOR BALLESTAS**
 Street Address (P.O. Box Number is Not Acceptable): **500 NW 24th St**
 Suite, Apt. #, Etc.:
 City: **Miami** State: **FL** Zip Code: **33127**

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: *[Signature]* Date: **10/29/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **10/29/97**

Prepared by: **Victor Ballestas 500 NW 24th St, Miami, FL 33127**

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10/31/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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10:59 AM

((H97000018139 0))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: PAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: MIAMI FASHION, INC.

AUDIT NUMBER.....H97000018139

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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** ENTER 'M' FOR MENU. **

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