

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074109

1. Corporation Name

L'EXCELLENCE DESIGNS, INC.

\$100.00

2. Principal Office Address

1855 GRIFFIN RD.

Suite, Apt. #, etc.

A-112

City & State

DANIA, FL

Zip

33004

Country

USA

3. Mailing Office Address

1855 GRIFFIN RD

Suite, Apt. #, etc.

A-112

City & State

DANIA, FL

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1994

5. FEI Number

65-0525205

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

11-06-03 01002 003 \$150.00

7. Name and Address of Current Registered Agent

Name

Herminia Rosario

Street Address (P.O. Box Number is Not Acceptable)

262 Bryan Rd.

Suite, Apt. #, Etc.

City

Dania

State

FL

Zip Code

33004

400024458114

03/17/04--01016--020 **90.00

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

Herminia Rosario

REGISTERED AGENT MUST SIGN

Date

2/25/04

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
PD	JOSE LUIS CALVO	2675 RIVIERA CT.	WESTON, FL 33332
VPD	ROSAALBA CALVO	2675 RIVIERA CT.	WESTON, FL 33332

REINST

03-04

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

Daytime Phone #

CR2E081 (01/04)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,



JOSE LUIS CALVO
PRESIDENT/DIRECTOR