

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000064588**

1. Corporation Name

DRESS CODE INC.

Principal Place of Business

17637 N.W. 27TH AVENUE
MIAMI FL 33056

Mailing Address

17637 N.W. 27TH AVENUE
MIAMI FL 33056

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

5. FEI Number

65-0605615

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OKOTOGBO, SYLVESTER	17637 N.W. 27TH AVENUE	MIAMI FL 33056

8. Name and Address of Current Registered Agent

OKOTOGBO, SYLVESTER
17637 N.W. 27TH AVENUE
MIAMI FL 33056

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

CR2E040 (7/03)

Dress Code, INC.

17637 NW 27th Avenue, Miami, FL 33056

Telephone (305) 624-0040

October 22, 2003

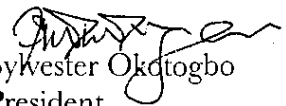
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P95000064588, Renewal

Dear Madam:

Pursuant to our conversation today, please be advised that we did not receive a 2003 Uniform Business Report in January at all. Please remember that this is a new company and I was unaware of the renewal process. Based on your recommendation we are submitting a Corporation Reinstatement as well as a check for \$158.75 for processing. Thank you.

Yours truly,


Sylvester Okotogbo
President