PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # H97000020709

1 Corporation Name

LORD LADY, INC.

Principal Place of Business	Mailing Address
777 NW 7th ST STE #12 Miami Fl 33126	SAME

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

REINSTATEMENT 99

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
777 NW 72nd Ave	777 NW 72nd Ave
Suite, Apt. #, etc.: 2aa59	Suite, Apt. #, etc.: 2aa59
City & State: Miami Fl	City & State: Miami Fl
Zip: 33126 Country: Dade	Zip: 33126 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 3 - 6 97

5. FEI Number: 59-3438346 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	NURIA LOPEZ	777 NW 72nd Ave # 2aa59	Miami Fl 33126
VP	PATRICIA ESPINOZA	777 NW 72nd Ave # 2aa59	Miami Fl 33126

8. Name and Address of Current Registered Agent

PATRICIA DEMARX
721 N.W. 129th Ave
Miami Fl 33182

9. Name and Address of New Registered Agent

Name: PATRICIA ESPINOZA
Street Address (P.O. Box Number is Not Acceptable): 777 NW 72nd Ave
Suite, Apt. #, Etc.: 2aa59
City: Miami State: FL Zip Code: 33126

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: Patricia Espinoza Date: 11-16-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. 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: Patricia Espinoza 11-16-99 305 267 1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

LORD LADY, INC.

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