

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 10 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 26797
1. Corporation Name
INTIMATE APPEAL CONNECTION CORP
16097 NE 9th Ave
No Miami Beach FL 33162-4478

2. Principal Office Address
16097 NE 9th Ave
Suite, Apt. #, etc.
City & State
No Miami Beach FL
Zip 33162 Country Dade

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country
SAME

04-30-01 90/22 031 1562
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 65-075 3840
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name CAROL TATO 15000 - ARDORNY
Street Address (P.O. Box Number is Not Acceptable) 16097 NE 9th Ave
Suite, Apt. #, Etc.
City No Miami Beach FL 33162 State FL Zip Code

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 Carol Tato
REGISTERED AGENT MUST SIGN
300005895613--4
-06/21/02--01011--003
Date ****150.00 ****150.00

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
PRES	CAROL TATO	16097 NE 9th Ave	No Miami Beach FL 33162
V-PRES	PATRICIA PROWSE	16097 NE 9th Ave	No Miami Beach FL 33162

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: Carol Tato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E081 (9/01)

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AMERICAN ACCOUNTING, INC.

17001 Northeast Sixth Avenue
North Miami Beach, Florida 33162
Phone (305) 653-7350
Fax (305) 653-5205

Fla. Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Section

To Whom It May Concern:

My client Intimate Apparel Connection Corp. Did not receive your second letter dated May 7, 2007 stating that the document sent was incomplete. Please waive the \$600.00 penalty for (reinstatement fee) Please don't hesitate to contact me if any additional information is needed.

Please Review and Advise

Very Truly Yours,


Stuart Socol