PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
10 JUN -1 PM 12:23

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300181553553
06/01/10--01005--015 **1050.00

DOCUMENT # P97000033838

1. Corporation Name
THE MAHOGANY COLLECTION INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6242 NE 2ND AVE.	6242 NE 2ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/15/1997

5. FEI Number: 65-0749157 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AURELIO MARTELL

Street Address (P.O. Box Number is Not Acceptable): 6242 NE 2ND AVE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33138

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 05-25-2010

REGISTERED AGENT MUST SIGN

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
D	AURELIO MARTELL	6242 NE 2ND AVE	MIAMI FL 33138

B 6/1/10

REINSTATEMENT DW D

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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: _____ 05-25-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #