

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 AM 9:23

DOCUMENT # P97000101033

1. Corporation Name

Palm Beach Fashions Inc

100066251711
02/21/06--01012--014 **8.75

100066251711
02/21/06--01012--013 **450.00

CR2E081 (12/05)

2. Principal Office Address

5869 W Atlantic Ave

3. Mailing Office Address

5869 W Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip
33484

Country
USA

Zip
33484

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

5. FFL Number

65-0818008

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
Lahav Catherine

Street Address (P.O. Box Number is Not Acceptable)
5869 W Atlantic Ave

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33484

REINSTATEMENT

04-06

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

Catherine Lahav

Date 1-26-06

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
PTD	Lahav Reuven	5869 W Atlantic Ave	Delray Beach FL 33484
VSD	Lahav Catherine	5869 W Atlantic Ave	Delray Beach FL 33484

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 contained in Chapter 119, 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:

Catherine Lahav

C. Lahav VP

1-26-06

561-381-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams JAN 27 2006

Palm Beach Fashion Inc

DBA

Cathy's Place

5869 W Atlantic Ave
Delray Beach FL 33484
TEL: (508) 858-8191

January 18, 2006

Fla Dept of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Reinstatement of For Profit Corporation Document #P97000101033

Dear Sir/Madam

Recently it has been brought to our attention that our corporation has been dissolved administratively by the state for non filing of annual report. The reason we have not filed is due to non receipt of the annual reminder of filling; therefore, we would like the division to wave the reinstatement fees.

Enclosed, is a completed reinstatement form and the following fees to bring our documents to date:

2006 Annual Report	\$150.00
2005 Annual Report	\$150.00
2004 Annual Report	\$150.00

Total of \$450.00

We appreciate your cooperation in this matter.

Sincerely,

Cathy's Place.

Cathy Lahn VP