PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	1 LEXOL KEXD	TEE INSTRUCTION	SINO DEI C) VIII L.L.			A.	
CO1	RPORATION	FLORIDA DEPART	A DEPARTMENT OF STATE			FILED		•	
	STATEMENT	Secretary			03 JAI	N-9 AM 9:1	l ₄		
2001	INCLUSE #	DIVISION OF CO	RPORATIONS		SECF.	ETARY OF STATE	 		
	JMENT # ation Name			:	IVJPT OF	acederal in informer	M		
Α	NEW DOLL 11	N TOWN	INC						
1	P9800000642	16		3.					
Principa 886 (al Office Address SW 132 5t. MI FL 33176	3. Mailing Office Address	g Office Address 32 St MI, EC, 33176) 0000999 /0301050(# 0575)05 **150,	.00	
uite, Apt. #		Suite, Apt. #, etc.	.pt. #, etc.		4. Date Incorp	porated or Qualified			1
ity & State	. · · ·	City & State	'			ness in Florida	······································	pplied For	
-					6508	65017	}=	lot Applicable	∦
ip 3317	Country USA	^{Zip} 33176	Country USA	1	5.	OF STATUS DESIRED	\$8.75 Addition		1
3717			-				for a Certific	ate of Status	
	7. Name and Address of Current Registered Agent								
	Name DEBBIE SO	OKOLOW							
	Street Address (P.O. Box Number is No								
	8861 5 W					_			
	Suite, Apt. #, Etc.					•			
	City			**************************************		State Zip Code			
And a second second	MIAMI	ogenja i sekara dakok s				FL 331	 	A S. C. Maria Maria Co.	8 🖹
I, being	appointed the registered agent of the abo	ve-papied corporation, am fai	miliar with and acc	cept the obli	gations of sect	ion 607.0505 or 617.09	503, F.S.		CRZE081 (9/01)
ignature of egistered		Midon				Date //	1103		32E0
	•	GISTERED AGENT MUST S	IGN						ō
Names	and Street Addresses of Each Officer and	l/or Director (Florida nonprofit	corporations mus	st list at leas	t 3 directors)	<u> </u>	***	THE RESERVE AND A STATE OF THE PARTY OF THE	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
OΡ	LINDA OSUR	886 (8861 5W 1325		54	MIAMI PE 33/		3/76	
DUPT	DEBBIE SOKO	LOW 8861	င်ပ	132	st	MIAM (PG.	33176	_
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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 filling 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: 7

LINDA OSUR 1/7/02 305-133-0400 URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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Fax: 305-233-7706

Dear Sir,

Please note the incorrect address you

have on file for us. We did not

recieve the notice for renewal.

Please reinstate our corporate status.

Thank you,

Kuda Osur

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Uniform Business reinstances

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Florida Profit

A NEW DOLL IN TOWN, INC.

PRINCIPAL ADDRESS 5561 SW 132 ST **MIAMI FL 33176** Changed 03/02/2001

2 INCORRECT

MAILING ADDRESS 5561 SW 132 ST **MIAMI FL 33176** Changed 03/02/2001

Document Number P98000006426

FEI Number 650865017

Date Filed 01/20/1998

State FL

Status **INACTIVE** **Effective Date** NONE

Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT

Event Date Filed 10/04/2002

Event Effective Date NONE

Registered Agent

Name & Address

SOKOLOW, DEBBIE 8861 SW 132 ST MIAMI FL 33176

Address Changed: 03/02/2001

Officer/Director Detail

	Name & Address	Title
	OSUR LINDA 8861 SW 132 ST	DP
	MIAMI FL 33176	
	SOKOLOW, DEBBŒ 8861 SW 132 ST	DVPT
l)	MIAMI FL 33176	<u> </u>