

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 JAN -7 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059583

1. Corporation Name
D/FLAWLESS, INC.

Principal Place of Business 12635 NORTHWEST 14TH STREET CORAL SPRINGS FL 33071	Mailing Address 12635 NORTHWEST 14TH STREET CORAL SPRINGS FL 33071
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REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/06/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0854448	
Country		Country		Applied For	
Country		Country		Not Applicable	
Country		Country		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARDER, ALEX	939 CENTRAL AVENUE	HIGHLAND PARK IL 60035
VD	YAMPOLSKY, MICHAEL	12635 NORTHWEST 14TH STREET	MIAMI BEACH FL 33071
STD	POKRASS, BORIS	260 EAST CHESTNUTT STREET #3805	CHICAGO IL 60611
			800004785638--2 -01/22/02--01027--005 ****900.00 ****900.00 ILS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KAHN, DONALD J 317 71ST STREET MIAMI BEACH FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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: Date: 12/28/01

REGISTERED AGENT MUST SIGN

11. 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: Date: 12/28/01 Daytime Phone #: 954-439-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED4G (8/01)