

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:41

DOCUMENT # P98000068390

1. Corporation Name

BUENA VIDA FASHIONS, INC.

Principal Place of Business

8949 SE BRIDGE RD. SUITE 300
HOBE SOUND FL 33455

Mailing Address

8949 SE BRIDGE RD. SUITE 300
HOBE SOUND FL 33455



REINSTATEMENT

99-00

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

08/03/1998

1160 West 23rd Street
Hialeah, Florida 33010

Suite, Apt. #, etc.

City & State

5. FEI Number

65-0912826

Applied For

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOTFRIED, BRAD	8949 SE BRIDGE RD., STE 300	HOBE SOUND FL 33455
D	RIJO, JUAN J	1580 SE COLLETTE CIR	PORT ST LUCIE FL 34952
D	HUNEZ, FERNANDO	2810 SE FEDERAL HWY, BOX 12	STUART FL 34994
			100003377391--1
			-08/30/00--01045--005
			****758.75 ****758.75
			3/4/99 90210 035

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOTFRIED, BRAD
8949 SE BRIDGE RD., SUITE 300
HOBE SOUND FL 33455

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 08/16/00

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/16/00

Daytime Phone #