

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 99 OCT 22 AM 9:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075997**

1. Corporation Name  
**FINAL TOUCH ACCESSORIES, CORP.**

Principal Place of Business 14813 S.W. 153RD PL. MIAMI FL 33196	Mailing Address 14813 S.W. 153RD PL. MIAMI FL 33196
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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 08/28/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FEI Number 65-0867384
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DPST	ABOLLA, BRIGITTE	14813 S.W. 153RD PL.	MIAMI FL 33196

8. Name and Address of Current Registered Agent GILLER, BRAIN J 975 41ST ST. MIAMI FL 33140	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 \_\_\_\_\_  
 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. 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: *Brigitte Abolla* 10/19/99 (305) 255-7559  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Memo To: Florida Department of State

Memo From: Brigitte Abolila, President  
Final Touch Accessories, Corp.

Subject: Reinstatement

Date: October 19, 1999

I called on October 19, 1999 and I spoke with one of your employees and explained I did not receive the rejection letter sent out in February. I have enclosed the information she requested on the reinstatement form. If there is any additional information needed please let me know.

Thank You,  
*Brigitte*  
Brigitte