

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000082558

Entity Name: DESIGNER'S OUTLET, INC.

FILED  
Oct 21, 2004  
Secretary of State

## Current Principal Place of Business:

3042 NW 82 AVE  
MIAMI, FL 33122

## New Principal Place of Business:

3042 NW 82 AVE  
DORAL, FL 33122

## Current Mailing Address:

3042 NW 82 AVE  
MIAMI, FL 33122

## New Mailing Address:

6892 NW 113 CT  
DORAL, FL 33178

FEI Number: 65-0867908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FARACHE, CINDY  
3042 NW 82 AVENUE  
MIAMI, FL 33122 US

## Name and Address of New Registered Agent:

FARACHE, FORTUNATO  
3042 NW 82 AVE  
DORAL, FL 33122 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FF

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FARACHE, CINDY  
Address: 3042 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: VP ( ) Delete  
Name: FARACHE, FORTUNATO  
Address: 3042 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FARACHE, FORTUNATO  
Address: 3042 NW 82 AVE  
City-St-Zip: DORAL, FL 33122

Title: VP (X) Change ( ) Addition  
Name: RIVERA, PATRICIA  
Address: 3042 NW 82 AVE  
City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FF

PD

10/21/2004

Electronic Signature of Signing Officer or Director

Date