


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000012224**

1. Corporation Name

**NOUVEAUTE DE PARIS, INC.**

Principal Place of Business

Mailing Address

8820 S.W. 132 PLACE  
SUITE NO. D207  
MIAMI FL 33186

8820 S.W. 132 PLACE  
SUITE NO. D207  
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

**18905 S. DIXIE HWY**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**SAFETY**

Suite, Apt. #, etc.  
**171-172**

City & State  
**PERAINÉ**

Zip  
**33157-7710**

Country  
**FI**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/08/1999**

5. FEI Number

**65-0898837**

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	AUGUSTIN, RICHARD	8820 S.W. 132 PLACE SUITE NO. D2	MIAMI FL 33186
		18905 S. DIXIE HWY	
		PERAINÉ, FI 33157-7710	
			100004695131--4
			-11/27/01--01049-012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

AUGUSTIN, RICHARD  
8820 S.W. 132 PLACE  
SUITE NO. D207  
MIAMI FL 33186

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

**10-25-01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-25-01**

**(305) 750-0525**

CR2E040 (8/01)

**MEMO**

From the desk of

**RICHARD AUGUSTIN**

10-25-01

to whom it may concern

I SINCERELY REGRET THE FACT  
THAT I'VE MISSED THE DEADLINE  
RENEWAL FOR THE UNIFORM  
APPLICATION - AS I DID NOT  
RECEIVE THE APPLICATION THIS  
YEAR. PLEASE ACCEPT THE  
ENCLOSED CHECK FOR ~~AN~~  
REINSTATEMENT -

P.S. I WILL CALL BEFORE HAND  
NEXT YEAR TO RECEIVE THE APPLICATION

Sincerely,

Richard Augustin