


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000024028		
1. Entity Name DELORIE COLLECTION, INC.		

FILED

04 OCT 20 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF REVENUE 09



Principal Place of Business 2140 N.W. 18TH STREET POMPANO BEACH, FL	Mailing Address 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133
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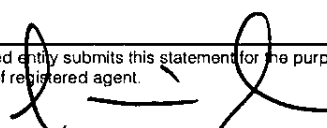
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2140 N.W. 18th Street Suite, Apt. #, etc.
City & State	City & State Pompano Beach FL
Zip Country	Zip Country 33069 USA

10122004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0903996	Applied For Not Applicable
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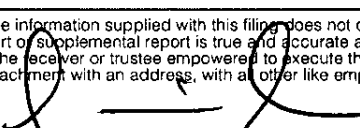
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Louis Deslauriers Street Address (P.O. Box Number is Not Acceptable) 2140 N.W. 18th street City Pompano Beach FL Zip Code 33069
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE October 15th, 2004 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESLAURIERS, LOUIS 2140 N.W. 18TH ST. & POWERLINE RD POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042018002 10/20/04--01049--018 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE October 15th, 2004 (418) 652-7777 #2346