

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

198

CORPORATION  
REINSTATEMENT

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

01-02 UBR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 27 AM 10:18

DOCUMENT# P99000026185

1. Corporation Name

MARILARC BRAZILIAN FASHIONS, INC.

800005253518--6  
-04/11/02--01042--011  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address 521 E SAMPLE RD Suite, Apt. #, etc. City & State Pompano Beach, FL Zip 33064		3. Mailing Office Address 521 E SAMPLE RD Suite, Apt. #, etc. City & State Pompano Beach, FL Zip 33064	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 03/17/1999	
5. FEI Number 65-0900950	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MARILENE DAYTON		
Street Address (P.O. Box Number is Not Acceptable) 4770 N.W. 77TH TERRACE		
Suite, Apt. #, Etc.		
City LAUDERHILL	State FL	Zip Code 33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	MARILENE DAYTON	4770 N.W. 77TH TERRACE	LAUDERHILL, FL 33351

10. 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)(1), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/25/2002 x (954) 783-0550

2072

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2000 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2000  
P99000026185  
MARILARC BRAZILIAN FASHIONS, INC.

To Whom It May Concern:

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This letter is to inform you that we have never received a  
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra  
fees and penalties other than the primary of \$150.00 and  
accept the filling of our attached UBR, which has been  
prepared by our accountant.

Any questions or concern, feel free to contact our  
accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

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Sincerely,

A handwritten signature in cursive script, appearing to read "Marilene Dayton". To the left of the signature is a small, hand-drawn outline of the state of Florida, with an 'X' marked inside it.

MARILENE DAYTON - President  
MARILARC BRAZILIAN FASHIONS, INC.  
521 E SAMPLE RD  
POMPANO BEACH, FL 33064  
Phone (954) 783-0550