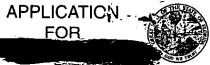
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P99000035152 **DOCUMENT #**

1. Corporation Name

ELEGANT CREATIONS, INC.

FILED 02 OCT 25 PH 3 05 SECRETARY OF STATE TALLAHASSEE, FLGRIGA

Principal F	Place of Business	Mailing Add	ress		1		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		6840 MAIN : HIALEAH FL	AIN ST				
If above	addresses are incorrect in any way, line th	nrough incorrect i	information and enter correction b	elow.	:		
			ling Office Address, If Applicable			porated or Qualified ness in Florida	04/40/4000
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #	#, etc.		5. FEI Numbe	··	04/16/1999
City & State Cit		City & State	City & State		65-0919745 Applied For Not Applicable		
Zip	Country	Zip	Country		6. CERTIFICATI	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprofit corporations must	ist at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PVST	RODRIGUEZ, PATRICIA M		69 EAST 14TH STREET			HIALEAH FL 33010	
D	RODRIGUEZ, PATRICIA M		69 EAST 14TH STREET			HIALEAH FL 33010	
			12 UGR.		10/25/	 	531 **150.00
		••••		70			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
RODRIGUEZ, PATRICIA M					e Name 1		
69 EAST 147H STREET Street Address (08 40)					O. Box Number is Not Acceptable)		
NIALE	AH FL 33Ø10		Suite Apt. #, Etc. Wigner Leves A				
			City	<u> </u>	w Now	St	ate 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. or 617.0505, F.S.							
Signature of Registered Agent							
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 BIGNING OFFICER OR DIRECTOR

PAR EAC

Elegant Creations 6840 Main Street Miami Lakes, Florida 33014

To whom it may concern:

UBR notices have not been received prior to this one 10/21/02. The application has been signed and a check is enclosed of \$150.00 dollars. If You have any questions you may contact me at (305) 823-9198.

Sincerely,

Patricia Rodriguez 6840 Main Street Miami Lakes, Florida 33014