

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000043633

1. Entity Name  
DOLCE MODA, INC.



FILED

04 DEC -3 AM 11:51

Principal Place of Business  
401 S BISCAYNE BLVD.  
SUITE N-129  
MIAMI, FL 33132

Mailing Address  
401 S BISCAYNE BLVD.  
SUITE N-129  
MIAMI, FL 33132

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0927432

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRALLNIKOFF, CARLOS  
21205 YACHT CLUB DRIVE  
APT #402  
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 CARLOS STRALLNIKOFF

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/02/04  
DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D ☐ Delete  
STREET ADDRESS STRALLNIKOFF, CARLOS  
CITY-ST-ZIP 21205 YACHT CLUB DR APT #402  
AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400043220344  
CITY-ST-ZIP 12/06/04--01062--016 \*\*758.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: CARLOS STRALLNIKOFF PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/04

Date

(305) 868-3363

Daytime Phone #