

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -4 PM 3:48

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054693

1. Corporation Name

South Beach Couture Inc.

2. Principal Office Address

1201 Washington Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

Zip

33139

Country

USA

3. Mailing Office Address

11

Suite, Apt. #, etc.

City & State

11

Zip

11

Country

11

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/15/1999

5. FEI Number

65-092-1389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Meir Ben-Ayon

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

1201 Washington Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

200030947012
03/23/04--01105--010 ***308.75

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

REGISTERED AGENT MUST SIGN

Date 2/13/04

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
president	Meir Ben-Ayon	1201 Washington Ave.	Miami Beach FL, 33139

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)(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

2/13/04 (305) 538-5988

Date

Daytime Phone #

CR2E081 (10/02)


Attn: Divisions of Corporations

We were just informed by
our insurance agent that
our Corporation is showing up
as expired - We were not aware
of this - We pay it every time
we get the new form and have
not received one for this year.

Please file us for this year
all of our information
remains the same. Thank-you!

Meir Ben-Ayon
president

X


South Beach Couture
1201 Washington Ave.
Miami Beach FL 33139

Federal #
65-092-1389

phone
(305) 538-5988