

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P 99000055303 1. Corporation Name <i>MATTHEWS CONSIGNMENTS, INC. d/b/a Auntie Rita's Consignments</i>																											
2. Principal Office Address <i>7337 S.W. 107 Ave.</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <i>7337 SW 107 Ave.</i> <small>Suite, Apt. #, etc.</small>																									
City & State <i>Miami, FL</i> <small>Zip</small>		City & State <i>Miami, FL</i> <small>Zip</small>																									
5. FEI Number <i>605-0927425</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>06-17-99</i>																									
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 <i>RITA ANSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>7337 SW 107 Ave.</i> Suite, Apt. #, Etc. City <i>Miami</i>																											
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 <i>Rita Anson</i> REGISTERED AGENT MUST SIGN Date <i>5/20/02</i>																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> <tr> <td><i>P</i> President</td> <td><i>Rita Anson</i></td> <td><i>7337 SW 107 Ave.</i></td> <td><i>miami, FL 33173</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<i>P</i> President	<i>Rita Anson</i>	<i>7337 SW 107 Ave.</i>	<i>miami, FL 33173</i>																
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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: <i>Rita L. Anson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>5/20/02</i>	Daytime Phone # <i>305-279-7317</i>																								

CR2001 (8/01)