PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 142

~~CORPORATION~~ REINSTATEMENT

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

FILED
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DOCUMENT # P99000070024

200 UBR

1. Corporation Name

OPTI STYLE INC.

300004765353--7
-01/10/02--01073--009
****150.00 ****150.00

2. Principal Office Address	**3.** Mailing Office Address
1112 WESTON RD.	1112 WESTON RD.
Suite, Apt. #, etc. # 171	Suite, Apt. #, etc. # 171
City & State WESTON., FLA.	City & State WESTON FLA.
Zip 33326 Country U.S.A	Zip 33326 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 08/05/99

5. FEI Number 65-0938845 ☐ 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: FABIO A. MORA

Street Address (P.O. Box Number is Not Acceptable): 1112 WESTON ROAD

Suite, Apt. #, Etc.: # 171

City: WESTON State: FL Zip Code: 33326

CR2E061 (9/00)

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 12/27/01

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
P/D/C	FABIO A. MORA	707 STANTON DRIVE	WESTON, FLA, 33326.

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: _____ FABIO A. MORA 12/27/01. (305) 3109689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BD

December,27th,2001

Department of State
Division of Corporations

This letter is to let you know that I didn't receive the Notices of Action and that's why I'm sending you the reinstatement application and the $ 150.00 check.

Thank you very much for your cooperation,

Sincerely

Fabio Mora
OPTI STYLE INC
President