

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED

03 OCT 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

400023954534
10/20/03--01039--011 **150.00

DOCUMENT # P99000076615

1. Corporation Name

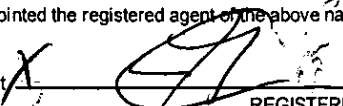
VANGUARD PERFUMES, INC.

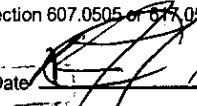
2. Principal Office Address		3. Mailing Office Address	
5800 SW 40 STREET		5800 SW 40 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33155	USA	33155	USA

4. Date Incorporated or Qualified To Do Business in Florida	
08/27/1999	
5. FEI Number	Applied For
65-0943363	Not Applicable
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		
JOSE TABE		
Street Address (P.O. Box Number is Not Acceptable)		
5800 SW 40 STREET		
Suite, Apt. #, Etc.		
City	State	Zip Code
MIAMI	FL	33155

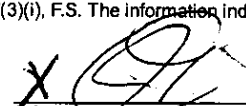
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date  10/4/03

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
PD	JOSE TABE	5800 SW 40 STREET	MIAMI, FL 33155

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**

Date 10/4/03 **Daytime Phone #** (305) 774-5454

**VANGUARD PERFUMES, INC.
5800 BIRD ROAD
MIAMI, FL 33155**

October 1, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER: VANGUARD PERFUMES, INC.
DOC. NO.: P99000076615
FORM: APPLICATION FOR REINSTATEMENT
PERIOD: 2003

Gentlemen / Mesdames:

I am writing to you regarding the penalties imposed as a result of the late filing of the 2003 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2002 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as **"5800 Southwest 40 Street, Miami, FL 33155"**.

In light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for \$150, which represents the annual fee for 2003.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Jose Tabe, President

Enclosures