


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P99000089308 1. Corporation Name Maria Charmaine Designs, Inc.																															
2. Principal Office Address 6150 Cypress Hollow Way Suite, Apt. #, etc. City & State Naples, FL Zip 34109 Country USA		3. Mailing Office Address 6150 Cypress Hollow Way Suite, Apt. #, etc. City & State Naples, FL Zip 34109 Country USA																													
		4. Date Incorporated or Qualified To Do Business in Florida 12-03-04 5. FEI Number 59-3439369 <table border="1" style="width: 100%;"><tr><td style="width: 80%;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></td><td style="width: 20%;">\$8.75 Additional Fee required for a Certificate of Status</td></tr></table>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status																										
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7. Name and Address of Current Registered Agent Name Maria C. Price Street Address (P.O. Box Number is Not Acceptable) 6150 Cypress Hollow Way Suite, Apt. #, Etc. City Naples State FL Zip Code 34109 700060489567 10/11/05--01044--014 **750.00																															
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 <u>Maria C. Price</u> Date <u>10-07-05</u> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>Pres.</td><td>Maria C. Price</td><td>6150 Cypress Hollow Way</td><td>Naples, FL 34109</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	Maria C. Price	6150 Cypress Hollow Way	Naples, FL 34109																				
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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: <u>Maria C. Price</u> 10/07/05 239-598-2011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															