

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

98-2000AR

FILED

FEB 21 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26993

1. Corporation Name

Miss Fancy Products Corp.

2. Principal Office Address

2151 NW 13th Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33142

Country Dade

3. Mailing Office Address

17407 SW 36th Street

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip 33029

Country Broward

4. Date Incorporated or Qualified To Do Business in Florida

1.24.1991

5. FEI Number

65-0348656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Carmen R. Frankhouse

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

14630 SW 37th Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

200003157092-0
-03/03/00--01104--018
****450.00 ****490.00

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

Carmen Frankhouse

REGISTERED AGENT MUST SIGN

Date

2/15/00

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	Arnold H. Newbold	17407 SW 36th St.	Miramar, FL 33029
V	Ara Newbold	17407 SW 36th St.	Miramar, FL 33029

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:

Arnold H. Newbold Arnold H. Newbold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/00

Daytime Phone #

(305) 325-9876

CR2E081 (9/99)