PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 19 PM 1:47

DOCUMENT # S96770

1. Corporation Name
SARA'S PERFUMES, INC.

Principal Place of Business	Mailing Address
3735 PICADILLY ST. HOLLYWOOD, FL. 33021	105 E. FAGLER ST MIAMI, FL. 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-95

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
233 NW 36th ST.	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33131 Country: MIAMI-DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/91

5. FEI Number: 65-0304554 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	YOSEF ELUL	3735 PICADILLY ST	HOLLYWOOD, FL. 33021
S/D	SARA COHEN	3735 PICADILLY ST	HOLLYWOOD, FL. 33021

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-08/25/99--01004--023
***1500.00 ***1500.00

8/18/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SARA COHEN 400 POINTE KING DR. APT 430 MIAMI BCH, FL. 33160	Name: RITA GUERRA Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD Suite, Apt. #, Etc: SUITE 1-B City: MIAMI State: FL Zip Code: 33172

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 8/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/99 Date

305-377-8990 Daytime Phone #