
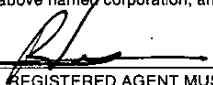
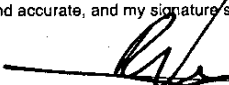


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12/3/04 - 01033-009-760.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V02273			
1. Corporation Name  RENE VERGARA ATELIER, INC.			
2. Principal Office Address 7120 Biscayne Blvd. Suite, Apt. #, etc. N/A City & State Miami, Florida Zip 33138 Country USA		3. Mailing Office Address 7120 Biscayne Blvd. Suite, Apt. #, etc. N/A City & State Miami, Florida Zip 33138 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 1994		5. FEI Number 65-0204273 Applied For 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 Rene Vergara			
Street Address (P.O. Box Number is Not Acceptable) 7120 Biscayne Boulevard			
Suite, Apt. #, Etc. Miami			
City Miami		State FL	Zip Code 33138
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  Date 12/13/04 REGISTERED AGENT MUST SIGN			
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
Pres	Rene Vergara	7120 Biscayne Blvd.	Miami, Florida 33138
Sec	Rene Vergara	7120 Biscayne Blvd.	Miami, Florida 33138
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: 		Date 12/13/04 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 16 AM 8:37

FILED

CR2E081 (01/04)