

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02-MAR 20 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000058437

1. Corporation Name
A LA FOLIE INC.

Principal Place of Business Mailing Address
 334 20TH ST 334 20TH ST
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

REINSTATEMENT 01-02

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

| | | | | | |
|------------------------------------------------|-------------------|----------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 06/09/2000 | |
| Suite, Apt. #, etc. 516 ESPAÑOLA WAY | | Suite, Apt. #, etc. 334 20th St # 204 | | 5. FEI Number 65-1036896 | |
| City & State MIAMI BEACH, FL | | City & State MIAMI BEACH, FL | | Applied For Not Applicable | |
| Zip 33139 | Country U.S.A. | Zip 33139 | Country U.S.A. | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|------------------------------------------------|-----------------------|
| P | RICHARD D'ARI | 334 20th St. # 204 | MIAMI BEACH, FL 33139 |
| V | OLIVIER CORRE | 334 20th St. # 204 | MIAMI BEACH, FL 33139 |
| S | KEVIN BYRNE | 334 20th St. # 204 | MIAMI BEACH, FL 33139 |

| | | | |
|-------------------------------------------------------|--|----------------------------------------------------|-------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| D'ARI, RICHARD 334 20TH ST MIAMI BEACH FL 33139 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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 REQUIRED** Date 02/22/2002
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Date 02/22/02 Daytime Phone # (305) 538 4484
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)