

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB -8 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006042

1. Corporation Name

EL Triunfo Fashion, Inc.

Principal Place of Business

Mailing Address

8290 NW Lake Drive Apt 306  
MIAMI, FL 33166

REINSTATEMENT 98 99

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

1/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0727367

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	Nuñez, Carlos		8025 NW 36 St Ste 302 MIAMI, FL 33166
VPD	Nuñez, Mardo A.		8025 NW 36 St Ste 302 MIAMI, FL 33166
			200002777152--4 -02/16/99--01057--021 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Nuñez, Mardo A.  
1862 SW 124 PL  
MIAMI, FL 33175

9. Name and Address of New Registered Agent

Name: Mardo A. Nuñez  
Street Address (P.O. Box Number is Not Acceptable): 8025 N.W 36 St Ste 302  
Suite, Apt. #, Etc.:  
City: MIAMI State: FL Zip Code: 33166

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

REGISTERED AGENT MUST SIGN

Date

2/4/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99  
Date

Daytime Phone #

CRS 300 72 96