

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAY 30 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000060561**

1. Corporation Name

**B & J CLOTHING MANUFACTURERS, INC.**

**REINSTATEMENT**

96-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9901 N.W. 80TH AVENUE

3. Mailing Office Address

3876 SW 112 AVENUE

Suite, Apt. #, etc.

**BAY C3**

Suite, Apt. #, etc.

**SUITE: 324**

City & State

**HIALEAH FL**

City & State

**MIAMI FL**

Zip

**33016**

Country

**USA**

Zip

**33165**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**08/07/1995**

5. FEI Number

**26-0251027**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**JERRY CRESPO**

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

**3876 SW 112 AVENUE**

Suite, Apt. #, Etc.

**SUITE: 324**

City

**MIAMI**

State

**FL**

Zip Code

**33165**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **MAY 29, 2007**

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
PD	JERRY CRESPO	3876 SW 112 AVE SUITE: 324	MIAMI FL 33165

700103342067  
06/06/07--01004--013 \*\*1865.00

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 contained in Chapter 119, 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

**MAY 29, 2007**

Date

Daytime Phone #