## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P97000084879

1. Corporation Name

DAY APPAREL, INC.

Principal Place of Business

1035 ESTERO BLVD.

FORT MYERS FL 33931

·Mailing Address

1035 ESTERO BLVD. FORT MYERS FL 33931 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



if above addresses are incorrect in any way, line through incorrect information and enter correction below.					PENSTATEMENT 17		
2. New M			illing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/30/1997		
City & State	City & State	Suite, Apt. #, etc.  City & State		5. FEI Number 65-079.1409 App			
Zip Country Zip  7. Names and Street Addresses of Each Officer and/or Director (F			Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
Title(s)	Name of Officers and/or Directors	d/or Director (Flo		rporations must list at le Street Address of Eacl Officer and/or Directo	h	City / St	ata./-Zin
PSTD ABRAHAM, DORON			1035 ESTERO BLVD.		·	4 FORT MYERS FL 33931	
officer Ken	ei ABR	aham	1035	esterio	BIV	Ft Mypes	33931
					80 017087	00099560 0301007022	78 **750.00
8. Name	and Address of Current	Registered Age	nt		Q. Nome and A		
ABRAHAM, DORON 1035 ESTERO BLVD. FORT MYERS FL 33931				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being appointed the Signature of Registered Agent	SIGNA	ove named corpora	MEQ	With and accept the obl	ligations of Sectio	n 607.0505, F.S. or 617.0505,	i ' i

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR