

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12282004 REIN-P CR2E098 (6/04) *ol*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                                                                         |                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000000555</b><br>1. Entity Name<br><b>TRIAD HOSIERY CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     |                                                                                                                         |                                                                   |  |
| Principal Place of Business<br><b>2901 CLINT MOORE ROAD<br/>STE 329<br/>BOCA RATON, FL 33496</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                     | Mailing Address<br><b>2901 CLINT MOORE ROAD<br/>STE 329<br/>BOCA RATON, FL 33496</b>                                    |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | 3. Mailing Address  |                                                                                                                         |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | Suite, Apt. #, etc. |                                                                                                                         |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | City & State        |                                                                                                                         |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                            | Zip                 | Country                                                                                                                 | 4. FEI Number<br><b>11-2962648</b>                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                     |                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     | 7. Name and Address of New Registered Agent                                                                             |                                                                   |  |
| <b>BERG, STANLEY<br/>5865 WINDSOR CT<br/>BOCA RATON, FL 33496</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                     | Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>REINSTATEMENT</b></div>           |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     | Street Address<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>REINSTATEMENT</b></div> |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     | City<br><b>FL</b>                                                                                                       |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     | Zip Code                                                                                                                |                                                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                     |                                                                                                                         |                                                                   |  |
| SIGNATURE <i>[Signature]</i> <span style="float: right;">DATE</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                     |                                                                                                                         |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                     | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                            |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                   |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PC <input type="checkbox"/> Delete |                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BERG, STANLEY                      |                     | NAME                                                                                                                    |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5865 WINDSOR CT                    |                     | STREET ADDRESS                                                                                                          |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BOCA RATON, FL 33496               |                     | CITY-ST-ZIP                                                                                                             |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T <input type="checkbox"/> Delete  |                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | KALLEN, MEREL                      |                     | NAME                                                                                                                    |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5845 WINDSOR CT                    |                     | STREET ADDRESS                                                                                                          |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BOCA RATON, FL 33496               |                     | CITY-ST-ZIP                                                                                                             |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                     | NAME                                                                                                                    |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     | STREET ADDRESS                                                                                                          |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     | CITY-ST-ZIP                                                                                                             |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                     | NAME                                                                                                                    |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     | STREET ADDRESS                                                                                                          |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     | CITY-ST-ZIP                                                                                                             |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                     | NAME                                                                                                                    |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     | STREET ADDRESS                                                                                                          |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     | CITY-ST-ZIP                                                                                                             |                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                                    |                     |                                                                                                                         |                                                                   |  |
| SIGNATURE: <i>[Signature]</i> <b>MEREL KALLEN</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                     | 12/29/04 <i>(561) 912-9894</i><br><small>Date Daytime Phone #</small>                                                   |                                                                   |  |

208



December 29, 2004

Florida Department Of State  
Division of Corporations-  
409 East Gaines St.  
Tallahassee, Fl 32399  
Attn: Andrew Dunlap

Reference is made to your discussion with our accountant concerning the annual report for 2004.

We are enclosing the corporation reinstatement form and fee of \$ 150.00 as per your instruction.

We are also enclosing the annual report which was mailed on 2/28/04. As explained, we used in error the form of another corporation which showed their document number. This corporation also submitted their own annual report. We assume the report attached was not processed because a prior report with that document number had already been processed.

We appreciate your help in this matter. Please reinstate our corporation.

Sincerely,

A handwritten signature in dark ink, appearing to read "Merel Kallen", is written over the typed name.

Merel Kallen, Treasurer  
Triad Hosiery Corp.  
2901 Clint Moore Road  
Suite 329  
Boca Raton, FL 33496  
EIN # 11-2962648