

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -9 AM 9:40

DOCUMENT # **099000009639**

1. Corporation Name
COTTON TEES & EMBROIDERY, INC.

2. Principal Office Address
3301 W. OAK ST.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

Zip Country
34741 OSCEOLA

3. Mailing Office Address
3301 W. OAK ST.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

Zip Country
34741 OSCEOLA

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-04/17/01--01109--002
****900.00 ****900.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **1/17/99**

5. FEI Number
59 3496539

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
A.K.M. S. HUSSAIN
Street Address (P.O. Box Number is Not Acceptable)
4378 CREEKSIDE BLYD
Suite, Apt. #, Etc.
City
KISSIMMEE

State Zip Code
FL 34746

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 **A.K.M. Shakhawat Hussain**
REGISTERED AGENT MUST SIGN

Date **3/31/2001**

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
PRES	A.K.M. S. HUSSAIN	4378 CREEKSIDE BLYD	KISSIMMEE, FL 34746

AD

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 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: **A.K.M. Shakhawat Hussain**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/2001** (407)810 8420
Daytime Phone #

CR2E081 (9/00)