


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 154683		
1. Entity Name FARNER'S CHILDREN'S WEAR, INC.		

FILED
08 DEC -1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 601 LUZON AVENUE TAMPA, FL 33606 US	Mailing Address 601 LUZON AVENUE TAMPA, FL 33606 US
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2. Principal Place of Business - No P.O. Box # 1717 N. BAYSHORE DR. Suite, Apt. #, etc. APT. 2254 City & State MIAMI, FL Zip 33132 Country US	3. Mailing Address 1717 N. BAYSHORE DR. Suite, Apt. #, etc. APT. 2254 City & State MIAMI, FL Zip 33132 Country US
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REINSTATEMENT 08

4. FEI Number 59-0677087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDELSTEIN, MICHAEL 601 LUZON AVENUE TAMPA, FL 33606	
7. Name and Address of New Registered Agent Name SANDRA SCHATZMAN Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR. APT. 2254 City MIAMI FL Zip Code 33132	

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: *Sandra Schatzman* DATE: 11/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDELSTEIN, BESSIE B 601 LUZON AVENUE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138328263 12/01/08--01044--021 **\$750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATZMAN, SANDRA 1351 NW 12TH ST RM 505 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHATZMAN, SANDRA 1717 N. BAYSHORE DR., APT 2254 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELSTEIN, MICHAEL 601 LUZON AVENUE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sandra Schatzman* DATE: 11/24/08 DAYTIME PHONE: 305-302-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR