

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 607609

1. Corporation Name

SIR WINSTON GARMENTS, INC.

2. Principal Office Address

8111 NW 29 Street

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33122

Country

USA

3. Mailing Office Address

8111 NW 29 Street

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/79

5. FEI Number

59-1884545

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

CHALEFF, JACKIE

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

2960 Surrey Lane

Suite, Apt. #, Etc.

Ft. Lauderdale, Fl. 33173

City

Ft. Lauderdale, Fl. 33173

State

FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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
DP	Chaleff, Jackie	2960 Surrey Lane	Miami, Fl. 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER STREET, SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.COM

December 12, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Sir Winston Garments, Inc.
Doc #: 607609

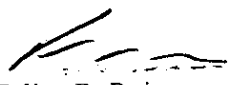
Please note, the above referenced taxpayer completely moved it's offices from 7029 SW 46th Street, Miami, FL. 33155 to 2111 NW 29 Street, Miami, FL. 33122. Our firm has discovered that the taxpayer never received the annual report for 2002.

The taxpayer is enclosing the annual fee \$150.00 with a reinstatement form.

It was not their intentions to file late; therefore, we respectfully request that you accept the 2002 Uniform Business Report as timely filed and waive the respective penalties...

If you need any additional information regarding this matter feel free to call.

Sincerely,



Felipe R. Ruiz

Under penalty of perjury, I declare that I have examined the above statement including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.



Jackie Chaleff, President.