

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Southern Apparel Exhibitors Memorial Fund, Inc.

768877

2. Principal Office Address

7220 NW 36 Street

Suite, Apt. #, etc.

309

City & State
Miami, Florida

Zip 33166

Country USA

3. Mailing Office Address

7220 NW 36 Street

Suite, Apt. #, etc.

309

City & State
Miami, Florida

Zip 33166

Country USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1983

5. FEI Number

596071516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7.

Name

Donna R. Skinner

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

7220 N.W. 36 Street

Suite, Apt. #, Etc.

Suite 309

City

Miami

State

FL

Zip Code

33166

600006327806-7

-07/11/02--01024--029

****358.75 ****358.75

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

Donna R. Skinner

REGISTERED AGENT MUST SIGN

Date 7/3/02

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
P/D	Ed Arredondo	7220 NW 36 Street, Suite 309	Miami, FL 33166
V/D	Mark Sachs	7220 NW 36 Street, Suite 309	Miami, FL 33166
T/D	Paulette Giese	7220 NW 36 Street, Suite 309	Miami, FL 33166

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.

Paulette Giese

7/3/02

305-264-1984

Date

Daytime Phone #