


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 25 PM 12:44

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F93 000 000 130</u>			
1. Corporation Name <u>BRODER BROS., CO.</u>			
2. Principal Office Address - No P.O. Box # <u>6 NESHAMINY INTERPLEX</u>		3. Mailing Office Address <u>6 NESHAMINY INTERPLEX</u>	
Suite, Apt. #, etc. <u>6TH FLR</u>		Suite, Apt. #, etc. <u>6TH FLR</u>	
City & State <u>TREVOSE, PA</u>		City & State <u>TREVOSE, PA</u>	
Zip <u>19053</u>	Country	Zip <u>19053</u>	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>10/06/03</u>			
5. FEI Number <u>38-191112</u>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>NRAI SERVICES, INC.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2731 Executive Park Drive, Suite 4</u>			
Suite, Apt. #, Etc.			
City <u>Weston</u>		State <u>FL</u>	Zip Code <u>33331</u>
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 <u>Norine Nagel</u>		<u>NRAI SERVICES, INC.</u> -Assistant Secretary REGISTERED AGENT MUST SIGN	
Date <u>August 12, 2008</u>			
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
CEO	THOMAS MYERS	6 NESHAMINY INTERPLEX	TREVOSE, PA 19053
CFO	MARTIN J. MATTHEWS	6 NESHAMINY INTERPLEX	TREVOSE, PA 19053
SR.V.P.	NORMAN HULLINGER	6 NESHAMINY INTERPLEX	TREVOSE, PA 19053
REINSTATEMENT 67-08 08/25/08-01062-003 ***300.00 TA 8/26/08			
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 contained in Chapter 119, 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: <u>Martin J. Matthews</u> CFO		Date <u>8/26/08</u> Daytime Phone # <u>215-291-6140</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			