

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F95 000000283

Full Line Distributors, Inc.

FILED

02 NOV -4 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

45555 Port St.

3. New Mailing Office Address, If Applicable

45555 Port

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-1724902

Applied For

Not Applicable

City & State

Plymouth MI

City & State

Plymouth MI

Zip

48170

Country

USA

Zip

48170

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| PRES | Vincent Tyra | 45555 PORT STREET | PLYMOUTH MI |
| CFO | Howard Morof | 45555 PORT STREET | PLYMOUTH MI 48170 |
| CEO | James McCurry | 45555 PORT STREET | PLYMOUTH MI |
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000008761770
11/01/02--01085--009 **300.00

02 USA

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 included 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

10/24/02 734.454.4800

Broder Bros.

COMPLETE SPORTSWEAR DISTRIBUTOR

Day
4555 FORT STREET
PLYMOUTH, MICHIGAN 48170
734 454 4800
FAX: 734 454 8971
www.broderbros.com

October 24, 2002

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

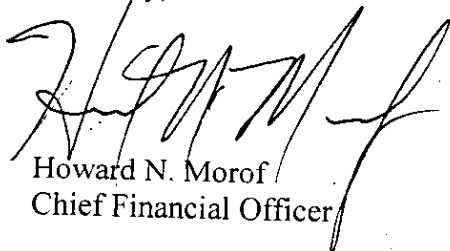
RE: Broder Bros., Co. 38-1911112
Full Line Distributors, Inc. 58-1724902

To whom it may concern,

Enclosed are applications for reinstatement for the above referenced companies. Unfortunately, we have no record of receiving notices regarding the filing of the annual report or any late notices. Therefore, we respectfully request that your office waive the reinstatement penalty fees.

Thank you for considering our request and if you have any other questions, please feel free to contact me at 734-454-4800 x1123.

Sincerely,



Howard N. Morof
Chief Financial Officer

DETROIT ORLANDO DALLAS ALBANY FRESNO CHARLOTTE