Raquestor's Name 315 SOUTH CALHOUN STREET Tallahassee, Florida 32301 City/State/Zip Phone # Office Use Only 425-5686 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document ₹) Gorgoration Name: (Domment =) (Corporation Name) ₩ Walkern N Pick up time 2:60 Certified Copy Will wait D byacacaba Certificate of Seasons TO END VENTS ممير سنڌ بنري بير ٿ ?:ಡಾ: 600002940996-Resimption of R.A., Called Drawer -07/26/99--01062--025 *****78.75 *****78.75 You5touc. Change of Registered Agent Limited Liability Dissolution/Withdrawai Domestication | 7/(4:2# Ott == OTHER FILINGS EQUALIFICATION := Annual Report Foreign Fictitious Name ويتبيين والمراسي Name Reservation Sanstitument Trademark

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

REGISTER A FOR	REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF TESTALES
1. Players Ap	oparel Company, Inc.
Name of corner	ation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of
words or abbrevia	ations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)
natural person or	partnership it not so contained in the harde at processes,
	3. 65-0897276
2. Delaware	
	under the law of which is labely
4. July 2, 1	998 5. Perpetual e of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date	e of incorporation) (Duration: Year corp. will cease to exist of perpetual)
6. Upon fili	ng
(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
a 701 Bric	kell Avenue - Suite 3000
/-	. .
Miami, F	Current mailing address)
	(Current mailing address) Outsiness (s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
8. Apparel i	ousiness (s) of corporation authorized in home state or country to be carried out in state of Florida)
	(s) of corporation authorized in nome state of country to be carried out in state of the state o
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Intrastate Registered Agent Corporation
Name:	Intrastate Registered Agent Corporation
Office Address:	701 Brickell Avenue - Suite 3000
	Miami Florida, 33131
	Miami , Florida, 33131 (Zip code)
10. Registered	agent's acceptance:
Marine Lean ways	ed as registered agent and to accept service of process for the above stated corporation at the place designated in
with the provision	is of all statutes relative to the proper and complete performance of my dates, and I am jumine to the proper and
the obligations of	my position as registered agent. INTRASTATE REGISTERED AGENT CORPORATION
By: / lew Lances	
(Registered agent's signature)	
44 40 4 44	Teresita H. Garcia, Vice President certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the certificate of existence duly authenticated, not more than 90 days prior to delivery of this application under the law of
11. Attached is a Department of St	certificate of existence duly authenticated, not more than 50 days provide records in the jurisdiction under the law of ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: See attached officers/directors rider Address: ____ Vice Chairman: _____ Director: _ Address: ___ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: See attached officers/directors rider Address: ___ Vice President: Address: Address: ____ Treasurer: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Jeff Barnhill, President (Typed or printed name and capacity of person signing application)

RIDER

OFFICER/DIRECTORS

OF

PLAYERS APPAREL COMPANY, INC.

Director, President and Treasurer:

Jeff Barnhill 701 Brickell Avenue Suite 3000 Miami, Florida 33131

Director, Vice President and Secretary:

Steven Zimmerman 701 Brickell Avenue Suite 3000 Miami, Florida 33131



State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PLAYERS APPAREL COMPANY, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF

JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLAYERS APPAREL COMPANY, INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9871819

991295260

2916809 8300

DATE: 07-19-99