

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200108535862
08/23/07--01037--003 **608.75

DOCUMENT # F99000004203

1. Corporation Name

Action Embroidery Corp

REINSTATEMENT 04-07 *WBP*

2. Principal Office Address - No P.O. Box #

1315 W BROOKS ST

Suite, Apt. #, etc.

3. Mailing Office Address

1315 W BROOKS ST

Suite, Apt. #, etc.

City & State

ONTARIO CA

City & State

ONTARIO CA

Zip

91762

Country

USA

Zip

91762

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/1999

5. FEI Number

13-3355209

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

PETER GRAY

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

1095 TUPELO WAY

Suite, Apt. #, Etc.

City

WGSTON

State

FL

Zip Code

33327

☒ 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

Date 8/22/07

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
P/S	IRA NEWMAN	813 N RUTLEDGE DR	PLACENTIA, CA 92870
C/D	OZZIE SILNA	23301 PALM CANYON LN	MALIBU CA 90265
T/D	STEVEN MENDELOW	440 PARK AVE SO	NY NY 10016
V	PETER GRAY	1095 TUPELO WAY	WGSTON, FL 33327

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07

Date

909-983-1359

Daytime Phone #