## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F99000004203

GRAY, PETER

1095 TUPELO WAY

WESTON, FL 33327

Name:

Address:

City-St-Zip:

Entity Name: ACTION EMBROIDERY CORP.

FILED Oct 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1315 W. BROOKS STREET ONTARIO, CA 91762 **Current Mailing Address: New Mailing Address:** 1315 W. BROOKS STREET ONTARIO, CA 91762 FEI Number: 13-3355209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, PETER 1095 TUPELO WAY WESTON, FL 33327 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: PETER GRAY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NEWMAN, IRA Name: Name: 813 N. RUTLEDGE DR. Address: Address: City-St-Zip: PLACENTIA, CA 92870 City-St-Zip: Title: CD Title: () Delete () Change () Addition Name: SILNA, OZZIE Name: 23301 PALM CANYAN LANE Address: Address: MALIBU, CA 90265 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MENDELOW, STEVEN Name: Name: 440 PARK AVE., S. Address: Address: City-St-Zip: NEW YORK, NY 10016 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: IRA J NEWMAN PRES 10/09/2009