

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G64570

1. Corporation Name  
ApparelSoft, Inc.

2. Principal Office Address  
3024 Landmark Blvd.

Suite, Apt. #, etc.  
#604

City & State  
Palm Harbor, FL

Zip Country  
34684 USA

3. Mailing Office Address  
1127 Porsche Lane

Suite, Apt. #, etc.

City & State  
Seneca, SC

Zip Country  
29678 USA

FILED

04 APR 30 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-04

4. Date Incorporated or Qualified  
To Do Business in Florida 10-12-1983

5. FEI Number 59-2335079-  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Robert Stephens  
Street Address (P.O. Box Number is Not Acceptable)  
3024 Landmark Blvd., #604  
Suite, Apt. #, Etc.  
City  
Palm Harbor

900034820819  
04/30/04--01020--029 \*\*2258.75

State Zip Code  
FL 34684

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 Robert Stephens  
REGISTERED AGENT MUST SIGN

Date April 28, 2004

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/M/I D/C	Marion H. Adams	1127 Porsche Lane	Seneca, SC 29678
S/D	Charles T. Deal	122 Strode Circle	Clemson, SC 29631

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 under section 119.07(3)(i), 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: Marion H. Adams 4/28/04 864-903-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)