PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98-99

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 25 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08742

1. Corporation Name

Embroideries Unlimited, Inc.

Principal Place of Business	Mailing Address
13061 NW 43 Avenue Opa Locka, FL 33054 US	13061 NW 43 Avenue Opa Locka, FL 33054 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 01-8-99

4. Date Incorporated or Qualified To Do Business in Florida 06/19/1984

5. FEI Number 59-2430744 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	Selma Abramson	8501 N. W. 23rd Street	Pembroke Pines FL 33024
V/D	Arthur Abramson	8501 N. W. 23rd Street	Pembroke Pines FL 33024

100000287191--3
-04/01/99--01104--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Arthur Abramson
13061 NW 43 Avenue
Opa Locka FL 33054 US

9. Name and Address of New Registered Agent

Name

100000287191--3
-04/01/99--01104--017
****758.75 ****758.75

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

Suite, Apt. #, Etc

City — State FL — Zip Code

CR2E040 (1-98)

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.

Signature of Registered Agent Arthur Abramson — REGISTERED AGENT MUST SIGN — Date 3/5/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Arthur Abramson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/5/99 — Daytime Phone # 305/681-1000