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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K12681

REINSTATEMENT 92-02

W02 - 28748

1. Corporation Name
JACKY'S SPORTSWEAR FACTORY OUTLET, INC

2. Principal Office Address	3. Mailing Office Address
218 HARRISON Ave	218 Harrison Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach, FL	City & State: Belleair Beach, FL
Zip: 33786 Country: USA	Zip: 33786 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JAN 20, 1988

5. FEI Number: 59-2863718 ☐ 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: JOSEPH SALVINO

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10/15/02--01081--001
***1500.00 ***1500.00

Street Address (P.O. Box Number Is Not Acceptable): 218 HARRISON Ave.

Suite, Apt. #, Etc.:

City: BELLEAIR BEACH State: FL Zip Code: 33786

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: [signature] Date: 9/30/02

REGISTERED AGENT MUST SIGN

CR2E081 (10/01)

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
Director	JOSEPH SALVINO	218 HARRISON AVE	BELLEAIR Beach, FL 33786

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.

JOSEPH SALVINO

SIGNATURE: [signature] 9/30/02 727-515-0758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/16

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enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under