

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1998 JAN 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15901**

1. Corporation Name
ROSE CITY SPORTSWEAR, INC.
ROSE CITY SPORTSWEAR, INC.

Principal Place of Business	Mailing Address
1799 ARBOR DRIVE FERNANDINA BCH, FL 32034	1799 ARBOR DRIVE FERNANDINA BCH, FL 32034

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 09-14-89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 35-1778815	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TYRA, MICHAEL J.	106 S.W. "J" STREET	RICHMOND, IN 47374
D	HOWARD, DAVID C.	1799 ARBOR DRIVE	FERNANDINA BCH, FL 32034
			600002409196---3 -01/22/98---01095---011 ***950.00 ***950.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent

DAVID C. HOWARD
1799 ARBOR DRIVE
FERNANDINA BCH, FL 32034

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 *David C. Howard*
REGISTERED AGENT MUST SIGN

Date **12-04-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Tyra
Michael J. Tyra

12-04-97 (765) 966-
Date Daytime Phone # **1158**

CR2E040 (12/96)