

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
2007 JUN 15 PM 2:20

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 18692

1. Corporation Name  
DINDRAH'S SPORTSWEAR & SCREEN PRINTING INC.  
1780 NW 20 ST.  
MIAMI - FL - 33142

2. Principal Office Address - No P.O. Box # 1780 NW 20 ST Suite, Apt. #, etc.		3. Mailing Office Address 1780 NW 20 ST Suite, Apt. #, etc.	
City & State MIAMI - FL.		City & State MIAMI - FL.	
Zip 33142	Country USA	Zip 33142	Country USA

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
L 200104425882  
06/15/07--01032--004 \*\*1050.00

**REINSTATEMENT**

CR2E081 (1/07) 05-08

4. Date Incorporated or Qualified To Do Business in Florida 9-27-1989

5. FEI Number 59-2984296

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
VARELA RUBEN.

Street Address (P.O. Box Number is Not Acceptable)  
1780 NW 20 ST.

Suite, Apt. #, Etc.

City  
MIAMI - FL.

State  
FL

Zip Code  
33142

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

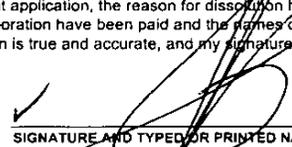
Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
PD	VARELA RUBEN	1780 NW 20 ST	MIAMI - FL. 33142

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 contained in Chapter 119, 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:  RUBEN VARELA 5/15/07 305-560-2210

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

DR. Williams JUN 15 2007