

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 2:20

DOCUMENT # L34082

1. Corporation Name

HQ (HEADQUARTERS) FUNWEAR, INC.

Principal Place of Business

% DANIEL MAMAN
1901 MASON AVE., SUITE 101
DAYTONA BEACH FL 32117

Mailing Address

% DANIEL MAMAN
1901 MASON AVE., SUITE 101
DAYTONA BEACH FL 32117

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
400 A. ANSIN Blvd.
City & State
HALLANDALE, FLORIDA
Zip
33009
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
400 A. ANSIN Blvd.
City & State
HALLANDALE, FLORIDA
Zip
33009
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1989

5. FEI Number

59-2981276

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	MAMAN, DANIEL	2200 N. ATLANTIC AVE., #701	DAYTONA BEACH FL

200003491072--7
-12/07/00--01076--009
****750.00 ****750.00

11/12/14

8. Name and Address of Current Registered Agent

MAMAN, DANIEL
2200 N. ATLANTIC AVE., #701
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name
DANIEL MAMAN
Street Address (P.O. Box Number is Not Acceptable)
400 A. ANSIN Blvd.
Suite, Apt. #, Etc.
Suite A.
City
HALLANDALE
State
FL
Zip Code
33009

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

456-2039