

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 15 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L85907

1. Corporation Name

THE FIRST CLASS CLOTHING COMPANY, INC.

2. Principal Office Address

631 E 13 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip  
33010

Country  
USA

3. Mailing Office Address

631 E 13 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip  
33010

Country  
USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 07/02/1990

5. FEI Number 20-5032812

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  
GUSTAVO MACLI

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

631 E 13 ST.

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33010

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

*Gustavo Macli*

REGISTERED AGENT MUST SIGN

Date JUNE 13, 2006

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	GUSTAVO MACLI	631 E 13 ST.	MIAMI, FL 33010

700077094737  
07/09/06--01081--005 \*\*\*2437 50

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:

*Gustavo Macli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 13, 2006

Date

Daytime Phone #

K. Eckel JUN 15 2006

2/2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICES SINCE 1991 FROM YOUR OFFICE TO PAY THE ANNUAL FEES. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY YOURS,

Gustavo Macli  
GUSTAVO MACLI  
PRESIDENT