

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -9 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000000 9066

1. Corporation Name

Next Generation Children's Clothing, Inc.

800067966528
03/16/06--01013--018 **1358.75

REINSTATEMENT 02-06 Bx

CR2E081 (12/05)

2. Principal Office Address

1206 A East Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1206 A East Atlantic Avenue
Suite, Apt. #, etc.

City & State

Delray Bc. Florida

City & State

Delray Bc. Florida

Zip 33483

Country USA

Zip 33483

Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-27-2000

5. FEI Number

650977413

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

Mark A. Perry

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

50 S.E. Fourth Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date 03-08-2006

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
P.V. S. T	Brian F. Powell	1206 A East Atlantic Avenue	Delray Bc. Fl. 33483

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:

Brian Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 (561)
Date Daytime Phone # 350-5661