

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031645

1. Corporation Name

Aloha Resortwear, Inc. - waves

REINSTATEMENT 03-04

000029410110
02/25/04--01070--023 **900.00

2. Principal Office Address

334 E. SR 200 AM

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

3. Mailing Office Address

P.O. Box 15368

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32035

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/2000

5. FEI Number

59-3641340

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

Gil Navon

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

334 7406 DE State Road 200

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

Gil

Date 2/17/04

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
P	Navon, Gil	1111 Laurel Ave.	Tybee Island, GA 31328
VP	Eshel, Arik	350 Motor Parkway	Havppauge, NY 11788
S	Navon, Ronen	1109 Laurel Ave.	Tybee Island, GA 31328
T	Navon, Ziv	1109 Laurel Ave.	Tybee Island, GA 31328

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 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:

Gil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

904-261-6289

Daytime Phone #

CR2E081 (10/02)