


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO0000059328</u>			
1. Corporation Name MACWEAR, INC.			
2. Principal Office Address 236-250 Greenpoint Avenue		3. Mailing Office Address Pavia & Harcourt, 600 Madison Av	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12th floor	
City & State Brooklyn, New York		City & State New York, NY	
Zip 11222	Country USA	Zip 10025	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/19/2000	
5. FEI Number 522253003	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301-2525

REINSTATEMENT

B 4/13/07
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	<u>Michael Cambareni</u> Asst. Vice President
	Date <u>3/24/07</u>
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/D	Steven Siegler	236-250 Greenpoint Avenue	Brooklyn, NY 11222
VP/D	Jay McLaughlin	236-250 Greenpoint Avenue	Brooklyn, NY 11222
VP/D	Kevin McLaughlin	236-250 Greenpoint Avenue	Brooklyn, NY 11222
S	Jordan E. Ringel	600 Madison Ave., 12th Floor	New York, NY 10022
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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:	<u>Jordan E. Ringel</u>	Jordan E. Ringel, Secretary	212-508-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #