PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

0203

FILED
03 APR 14 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114866

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03/12/03--01013--010 **300.00

1. Corporation Name
QUALITY KNITS USA, INC.

2. Principal Office Address	3. Mailing Office Address
9110 NW 105 WAY MEDLEY	9110 NW, 105 WAY MEDLEY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLORIDA	City & State: FLORIDA
Zip: 33178 Country: U.S.A	Zip: 33178 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 8/23/2001

5. FEI Number: 65/10634 33 ☐ 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: HILTON, MARTIN, PHILLIPS

Street Address (P.O. Box Numbers Not Acceptable): 9110 NW 105 WAY MEDLEY

Suite, Apt. #, Etc.:

City: MIAMI FLORIDA State: FL Zip Code: 33178

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: [signature] Date: 03/04/2003

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
PRESIDENT C.E.O. MR.	HILTON, MARTIN PHILLIPS	4026 SWANSEA B CENTURY BOULEVARD	POMPANO BEACH FL.
MR. Accounting Officer & Auditor.	GRANT KAPLAN	20283 STATE ROAD 7 SUITE 400	BOCA RATON FL. 33498

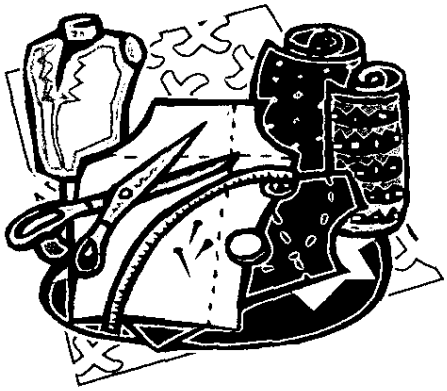
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: [signature] 03/04/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P01 QUALITY KNITS ☎ 011 515 9760 10-APR 17:07

JT 4/15



QUALITY KNITS U.S.A INCORPORATED

9110 N.W. 105 WAY, MEDLEY, FLORIDA, 33178
TEL: 305 882 707 FAX: 305 882 7033
E-MAIL: qknits@icon.co.za

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee
Florida 32314

Date: 05/03/03

Yr Ref: 703A00016409

Attention: Michelle Milligan

RE: Reinstatement Application Ref No: P00000114869

Thank you for your prompt response.

Please find herewith completed Corporation Reinstatement Application together with a cheque for the sum of $300.00 for Reinstatement of Corporation. Unfortunately we did not receive last year (2002) Corporation Renewal forms due to the fact that we relocated to bigger premises. Our company secretary unfortunately forgot to advise the Division of Corporations of our change of address.

I apologise for any inconvenience that this may have caused.

Thanking you.

Yours faithfully,

Mr. HM Phillips

Dear Mr. Shivers,
I trust you are well.
I have listed as requested by yourself the title of each officer in the document.

Thanking you,