

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000007901

1. Corporation Name

EMBROIDERED PRODUCTS, INC

2. Principal Office Address

15 RIDGE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2240

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

City & State

DELRAY BEACH, FL

Zip

33435

Country

PALESTINE

Zip

33447

Country

PALESTINE

4. Date Incorporated or Qualified
To Do Business in Florida

01/2001

5. FEI Number

65-1066168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDWARD BUXTON

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

15 Ridge Blvd

Suite, Apt. #, Etc.

City

OCEAN RIDGE

State

FL

Zip Code

33435

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

Edward H. Buxton

REGISTERED AGENT MUST SIGN

Date

5/5/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	EDWARD H. BUXTON	15 RIDGE BLVD	OCEAN RIDGE, FL 33435

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:

Edward Buxton (EDWARD BUXTON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03

Date

(561) 704-0767

Daytime Phone #

CR2E081 (10/02)

May 5, 2003

TO: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FR: Embroidered Products, Inc.
15 Ridge Blvd.
Ocean Ridge, FL 33435

RE: Reinstatement (Corp)

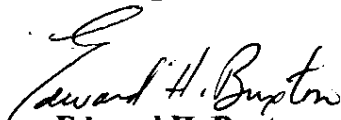
To Whom It May Concern:

Please be advised, I did not receive my 1st or 2nd notice for renewal. I also changed
Locations.

I am enclosing my reinstatement fee (\$150.00) plus my current renewal fee (\$150.00)
for a total of (\$300.00).

Your assistance is greatly appreciated.

Best regards,


Edward H. Buxton

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60-24-212235-80-1