

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701000033413**

1. Corporation Name

STIGMA WEAR INC.

W10000003410

2. Principal Office Address - No P.O. Box #

1741 NW 20th ST

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

1741 NW 20th ST

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

7. Name and Address of Current Registered Agent

Name

JAMNU TEWANI

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

7244 SUNSET DR

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33143

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

1/14/2010

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
?	JAMNU TEWANI	7244 SUNSET DR	MIAMI, FL 33143
V	JAMNU TEWANI	7244 SUNSET DR	MIAMI, FL 33143

10. E-mail Address: **RAUL@STIGMAWEAR.COM**

(To be used for future annual report notification)

11. 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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMNU TEWANI

Date

Daytime Phone #

1/14/2010 305-804-0498

FILED

10 FEB -2 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700166944437
02/02/10--01040--006 **158.75

700166944437
01/22/10--01029--003 **750.00

REINSTATEMENT 05-10

4. Date Incorporated or Qualified
To Do Business in Florida

April 02, 2001

5. FEI Number

65-1094847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**