


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 01000098690			
1. Corporation Name A & M Shoes & Clothes Exports, Inc.			
2. Principal Office Address 349 N Ivey Ln Suite, Apt. #, etc. Unit 8 City & State Orlando FL Zip 32811 Country US		3. Mailing Office Address Same Address Suite, Apt. #, etc. City & State City & State Zip Country	

FILED
04 MAY -3 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3747934	<input checked="" type="checkbox"/> 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 Marie T Chery		
Street Address (P.O. Box Number is Not Acceptable) 349 Ivey Ln		
Suite, Apt. #, Etc. Unit 8		
City Orlando	State FL	Zip Code 32811

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 X Marie Chery
REGISTERED AGENT MUST SIGN

Date 4/28/04

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	Marie T. Chery	349 N. Ivey Ln, Unit 8	Orlando, FL 32811

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: X Marie Chery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/04

Daytime Phone #

CR2E081 (01/04)

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20P2

A & M SHOES & CLOTHES EXPORT, INC
P01000098698

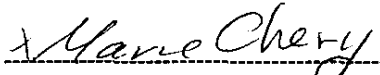
APRIL 28, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE DEPARTMENT OF STATE OF FORM FOR 2003
I AM ENCLOSING A CHECK FOR \$300.00

THANK YOU FOR YOUR ATTENTION,



MARIE T CHERY - PRESIDENT