

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118926

1. Corporation Name

NAUTICA USA, INC.

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REINSTATEMENT 2003

100025028611
11/25/03--01038--007 **758.75

2. Principal Office Address

1500 SW 66TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1500 SW 66TH AVENUE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

12/14/01

5. FEI Number

260029978

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

Jeffrey S. Wood, Esq.

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

One Financial Plaza - Union Planters Building

Suite, Apt. #, Etc.

Suite 2602

City

Fort Lauderdale,

State

FL

Zip Code

33394

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

Jeffrey S. Wood

REGISTERED AGENT MUST SIGN

Date 11/20/03

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
D	ROSSI, FRANCO SR	1500 SW 66TH AVENUE	PEMBROKE PINES, FL 33023
D	YOUNG, DEBRA	1500 SW 66TH AVENUE	PEMBROKE PINES, FL 33023
D	ROSSI, FRANCO JR	1500 SW 66TH AVENUE	PEMBROKE PINES, FL 33023

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:

Dela Elly President

11-19-03

954-986-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)