PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 400 $

CR2E081 (8/05)

DOCUMENT # P62000021071

1. Corporation Name
Bill Blair Adams Clothing Company Inc.

2. Principal Office Address	3. Mailing Office Address
15000 N.W.2nd avenue	15000 N.W.2nd Avenue
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Miami Florida	City & State: Miami
Zip: 33168 / Country: Dade	Zip: 33168 / Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Bilnor Bissainthe Blair Almonor

300062291623
12/20/05--01035--008 **900.00

Street Address (P.O. Box Number is Not Acceptable): 15000 N.W.2nd Avenue

Suite, Apt. #, Etc.: N/A

City: Miami | State: FL | Zip Code: 33168

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 _____ Date 12/14/2005

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
owner/presi	Bilnor B.Almonor	15000 N.W. 2nd Avenue	Miami Florida 33168
Vice Pres/COO	Rony Demezier	7820 N.W. 7th unit 202	Pembroke Pines, FL. 33024

12/21

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: _____ 12/14/05 (786) 273-1480

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