

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000115882

1. Corporation Name

PKT Sportswear of Florida, Inc.

* 90000

2. Principal Office Address

15108 Briar Ridge Circle

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33912

Country

3. Mailing Office Address

45 E. 66th St.

Suite, Apt. #, etc.

Unit 2-E

City & State

New York, NY

Zip

10021

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 28, 2002

5. FEI Number

13-4229422

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

Timothy Fullum

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

15108 Briar Ridge Circle
Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

200038144052
06/21/04--01095--018 **1350 00

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

T Fullum

Date

6/15/04

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
Pres.	Timothy Fullum	15108 Briar Ridge Circle	Fort Myers, Florida 33912

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:

Timothy Fullum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/04

Daytime Phone #