

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000115882
1. Corporation Name
PKT Sportswear of Florida, Inc.

* 900.00

REINSTATEMENT

03-04

2. Principal Office Address 15108 Briar Ridge Circle Suite, Apt. #, etc.		3. Mailing Office Address 45 E. 66th St. Suite, Apt. #, etc. Unit 2-E		4. Date Incorporated or Qualified To Do Business in Florida Oct. 28, 2002	
City & State Fort Myers, Florida		City & State New York, NY		5. FEI Number 13-4229422	
Zip 33912	Country	Zip 10021	Country	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
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

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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 Date 6/15/04

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

CR2E081 (01/04)