PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 30 AM 11:12

DOCUMENT # P03000001194

1. Corporation Name: Wow Men's Suits, Inc.

100052514241
12/30/05--01054--021 **900.00
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
20446 S. Dixie	20446 S. Dixie Highway
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33189 Country: Dade	Zip: 33189 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 1/3/2003

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: Joseph Peter Bavino III
Street Address (P.O. Box Number is Not Acceptable): 18930 S.W. 311 Street
Suite, Apt. #, Etc.: B
City: Homestead State: FL Zip Code: 33030

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: Joseph Peter Bavino III — Date: 12/21/05
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
PSD	Joseph P Bavino	18930 S.W. 311 St	Homestead, Fl 33030
VP	Pedro Rodriguez	18920 S.W. 311 St	Homestead, Fl 33030
		B. 1/03/04	
		REINSTATEMENT 01-05	

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: Joseph Peter Bavino III — 12-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #