

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000034181

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SLICK DESIGNS & APPAREL OF MIAMI, INC.

## Current Principal Place of Business:

174 NE 96TH ST  
MIAMI, FL 33138

## New Principal Place of Business:

3710 EAST 10TH CT  
HIALEAH  
HIALEAH, FL 33013

## Current Mailing Address:

174 NE 96TH ST  
MIAMI, FL 33138

## New Mailing Address:

3710 EAST 10TH CT  
HIALEAH, FL 33013

FEI Number: 51-2334461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY PEREZ & ASSOCIATES, PA  
174 NE 96TH ST  
MIAMI, FL 33138 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAY PEREZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACOBY, SASSON  
Address: 20725 NE 16TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: BEN YAEESH, SHMUEL  
Address: 20725 NE 16TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JACOBY, SASSON  
Address: 3710 EAST 10TH CT  
City-St-Zip: HIALEAH, FL 33013

Title: VP (X) Change ( ) Addition  
Name: BEN YAEESH, SHMUEL  
Address: 3710 EAST 10TH CT  
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASSON JACOBY

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date