

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000043720

1. Corporation Name

Miami Champwear, Inc.

1515 Euclid Avenue

2. Principal Office Address

1515 Euclid Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Apt. 20

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida April 18, 2003

5. FEI Number

20-0135730

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

4/30/04 90243 018 \$150.00

7. Name and Address of Current Registered Agent

Name

David DiBenedetto

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

1515 Euclid Avenue

Suite, Apt. #, Etc.

Apt. 20

City

Miami Beach

State
FL

Zip Code
33139

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

REGISTERED AGENT MUST SIGN

Date

10/26/04

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
P	David DiBenedetto	1515 Euclid Avenue, Apt. 20	Miami Beach, FL 33139

REINSTATEMENT

10/30/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/04 3054912455

Daytime Phone #

CR2E081 (01/04)

DAVID DIBENEDETTO

1515 Euclid Avenue, Apt. 20
MIAMI, FL 33139
305-431-2455

October 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #P03000043720
Miami Champwear, Inc.

Dear Sir/Madam:

Enclosed is my Corporation Reinstatement for the captioned corporation together with a 2004 Annual Report. I understand that the Annual Report was returned to me two times; once on May 11, 2004 and again on June 9, 2004 because I failed to insert my EIN. I received neither notification, possibly because this is my home address and my name was not on the envelope as I have had this problem in the past.

Please reinstate this corporation and waive any late fees or penalties. Should you require any further information, please contact me.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "David DiBenedetto", with a stylized flourish at the end.

David DiBenedetto