


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000097198</b>		
1. Entity Name <b>ACTION UNIFORMS, INCORPORATED</b>		

FILED

05 JUL 15 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2569 NORTHWEST 54TH STREET MIAMI, FL 33142 US</b>		Mailing Address <b>2549 NORTHWEST 54TH STREET MIAMI, FL 33142 US</b>	
2. Principal Place of Business <b>6050 NW 27 AVE</b>		3. Mailing Address <b>6050 NW 27 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

05022005 REIN-P CR2E098 (6/04)

City & State <b>MIA, FLA</b>		City & State <b>Miami, FLA</b>	
Zip <b>33142</b>	Country <b>USA</b>	Zip <b>33142</b>	Country <b>USA</b>

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>VALERIE KINNON 18740 NORTHWEST 17TH AVENUE MIAMI, FL 33056</b>		7. Name and Address of New Registered Agent Name <b>ANDREA MCCLAIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>17666 SW 20th Street</b> City <b>Miramar</b> FL Zip Code <b>33029</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLAIR ANGIE 13850 NORTHWEST 20TH AVENUE OPA-LOCKA, FL 33054	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mcclair Andrea 17666 SW 20th St miramar, Fla 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINNON LESTER 18740 NORTHWEST 17TH AVENUE OPA-LOCKA, FL 33056	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christopher McClair 17666 SW 20th St miramar, Fla 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057506334 07/15/05--01012--001 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/05