


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 27 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000107851**

1. Corporation Name
THE PUSH UP JEANS COMPANY

REINSTATEMENT 05-10

400167364294

01/27/10--01039--025 **1500.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 301 W. Hallandale Bch Blvd	3. Mailing Office Address 301 W. Hallandale Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 10/01/03	
5. FEI Number 20-0274334	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

City & State Hallandale Bch, FL	City & State Hallandale Bch, FL
Zip 33009	Country USA

7. Name and Address of Current Registered Agent

Name
ROZENCWAIG, NADEL & FERRERO-CARR, LLP

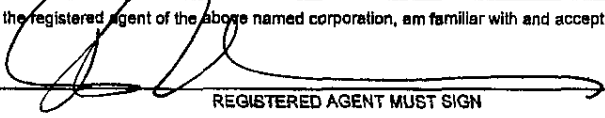
Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BCH, BLVD.

Suite, Apt. #, Etc.

City HALLANDALE BEACH	State FL	Zip Code 33009
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **1/20/10**

REGISTERED AGENT MUST SIGN

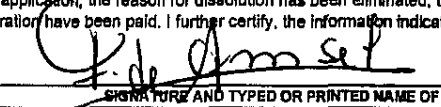
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PEDRO C. AMSEL	301 W. Hallandale Bch Blvd	Hallandale Bch, FL 33009
SD	FORTUNA AMSEL	301 W. Hallandale Bch Blvd	Hallandale Bch, FL 33009
TD	SIMON AMSEL	301 W. Hallandale Bch Blvd	Hallandale Bch, FL 33009

PC 1/28

10. E-mail Address: **FORTY AMSEL @ AOL.COM**
(To be used for future annual report notification)

11. 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. I further certify, 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:  **Fortuna Amzel** Date **1/18/2010**

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