## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TALLAHASSEE, FLORIDA  1. Corporation Name  S.L.D. EMBROIDERY & SCREEN PRINT CORP.  2. Principal Office Address - No P.O. Box # 915 N.W. 59th STREET  Suite, Apt. #, etc.  City & State  MIAMI, FLORIDA  Zip  Country  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  4. Date Incorporated or Qualified To Do Business in Florida 9-23-04  Septimental State  MIAMI, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  S. Mailing Office Address  4. Date Incorporated or Qualified To Do Business in Florida 9-23-04  S. FEI Number 26-0096889  Not Applied For Not Applicable  S. SETTING OF STATUS O	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS							FILED 08 SEP -2 PH 4: 47			
S.L.D. EMBROIDERY & SCREEN PRINT CORP.  2. Principal Office Address - No P.O. Box # 915 N.W. 59th STREET 915 N.W.										SECRETARY OF STATE TALLAHASSEE, FLORIDA	
915 N.W. 59th STREET  Suite, Apt. #, etc.  City & State  MIAMI, FLORIDA  MIAMI, FLORIDA  MIAMI, FLORIDA  To Do Business in Florida 9-23-04  5. FEI Number Cooperated or Qualified 10 bit of the Double Suiness in Florida 9-23-04  7. Name and Address of Current Registered Agent  Name  DANNY SWAIN  Name  To Name and Address of Current Registered Agent  Name  Suite, Apt. #, Etc.  City & State  City & State  To Name and Address of Current Registered Agent  Name  Suite, Apt. #, Etc.  City MIAMI,  FL 33127  State  State  Suite, Apt. #, Etc.  City MIAMI,  FL 33127  B. 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 MUST SIGN  P.D. DANNY SWAIN  915 N.W. 59th STREET  MIAMI, FLORIDA 33127  MIAMI, FLORIDA 33127  10. Signature of City State / Zip  DANNY SWAIN  915 N.W. 59th STREET  MIAMI, FLORIDA 33127  10. Signature of City State / Zip  DANNY SWAIN  915 N.W. 59th STREET  MIAMI, FLORIDA 33127  10. Lorify that I am an officer or director or the receiver or trustee genpowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reacon for dissolution has given eliminated, the corporate name satisfies the requirements of accion 607.0401 or 617.0401, F.S., that all fees owned by the corporation have been paid and the name of publication on the application, the reacon for dissolution has given eliminated, the corporation name satisfies the requirements of accion 607.0401 or 617.0401, F.S., that all fees owned by the corporation have been paid and the name of publication in the requirements of accion 607.0401 or 617.0401, F.S., that all fees owned by the corporation have been paid and the name of publication in the requirements and cortico or 617.0401, F.S. that all fees owned by the co	·										
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City & State  MIAMI, FLORIDA  City & State  MIAMI, FLORIDA  Country  33127  US  Country  33127  VS  Country  To Name and Address of Current Registered Agent  Name  DANNY SWAIN  Street Address (P.O. Box Number is Not Acceptable)  915 N.W. 59th STREET  City  MIAMI,  State  Zip Code  FL  State  S									Hilling .	O CRZEGRILII 2/03) U WOP	
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33127 US  33127 US  7. Name and Address of Current Registered Agent Name DANNY SWAIN  Street Address (P.O. Box Number is Not Acceptable) 915 N.W. 59th STREET  Suite. Apt. #, Etc.  City MIAMI,  FL  312P Code  Registered Agent Must slow a scenario of the above named corporation, an familiar with and accept the obligations of section 607 0505 or 617,0503, F.S.  Signature of Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  DANNY SWAIN  915 N.W. 59th STREET  MIAMI, FLORIDA 33127  10, 1 certify that I am an officer or director or the receiver or trustee ampowered 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, F.S., this alf less would by the corporation for mone application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401, F.S., this alf less would by the corporation for Money to a paper continue of the paper requirements of section 607 0401, F.S., this alf less would by the corporation for Money to a paper continue of the paper requirements of section 607 0401, F.S., this alf less would by the corporation for head names of paper for form do not qualify for an exemption contained in Chapter 119, F.S. The information indication and the proporation has been application, the reason for dissolution has been eliminated, the corporation same satisfies the requirements of section 607 0401, F.S., this alf less would by the corporation has been application in the names of particular to the names of particular to the paper and the form do not qualify for an exemption contained in Chapter 119, F.S. The information indication is a paper to the paper and the					+						
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City MIAMI,    State   Zip Code   Sal 127	DANNY SWAIN Street Address (P.O. Box Number is Not Acceptable) 915 N.W. 59th STREET								circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
Signature of Registered Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director MIAMI, FLORIDA 33127  P,D DANNY SWAIN 915 N.W. 59th STREET MIAMI, FLORIDA 33127  10.1 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 curporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fies owed by the corporation have been paid and the names of philividuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated								, ,			
Titles Name of Officers and/or Directors Officer and/or Director MIAMI, FLORIDA 33127  P,D DANNY SWAIN 915 N.W. 59th STREET MIAMI, FLORIDA 33127  SUD 1 35 22 9 9 5 5 09/02, 08 01050 012 ***450.00  10. Lertify 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 dividuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated	Signature of Registered Agent Date										
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SIGNATURE: SIGNATURE: 8-29-68  Date Daytime Phone #											