

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000073509

Entity Name: OZ ADENTUREWEAR INC.

**FILED**  
**Nov 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1080 NORTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1080 NORTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-2823926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSIL, TARA  
4535 CALVIN STREET  
HASTINGS, FL 32145 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: TARA AUSILI

\_\_\_\_\_  
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: P ( ) Delete  
Name: AUSILI, TARA  
Address: 4535 CALVIN STREET  
City-St-Zip: HASTINGS, FL 32145

Title: ST ( ) Delete  
Name: GLASSCOCK, CHERYL  
Address: 410 HOPE ST  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TARA AUSILI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

11/20/2006

\_\_\_\_\_  
Date