

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 08, 2009
Secretary of State**

DOCUMENT# P08000062759

Entity Name: GLN APPAREL INCORPORATED

Current Principal Place of Business:

15630 MESSINA ISLES COURT
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

15630 MESSINA ISLES COURT
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 26-3031581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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: LYSA HOCHMAN

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, D () Delete
Name: HOCHMAN, GARY
Address: 15630 MESSINA ISLES COURT
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: S, D () Delete
Name: HOCHMAN, NICOLE
Address: 15630 MESSINA ISLES COURT
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: T () Delete
Name: HOCHMAN, LYSA
Address: 15630 MESSINA ISLES COURT
City-St-Zip: DELRAY BEACH, FL 33446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LYSA HOCHMAN

Electronic Signature of Signing Officer or Director

TRES

10/08/2009

Date