

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 17 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33797**

1. Corporation Name

ATLB SPORTSWEAR, INC.

2. Principal Office Address

2301 NW 33 COURT

Suite, Apt. #, etc.

SUITE #102

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

3. Mailing Office Address

2301 NW 33 COURT

Suite, Apt. #, etc.

SUITE #102

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/88

5. FEI Number

13-3453034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALLEN SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)

1 GLENS DRIVE WEST

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

200003219422-5
04/24/00-01017-001
******750.00 ****750.00**

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

Allen Schneider

REGISTERED AGENT MUST SIGN

Date **4/12/2000**

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 |
|------------|--------------------------------------|---|---------------------------------|
| P/D | ALLEN SCHNEIDER | 1 GLENS DRIVE WEST | BOYNTON BEACH, FL 33436 |
| D | MATTHEW LAFATA | 56 HIDDEN VIEW TER. | BOCA RATON, FL. 33496 |
| D | GASPAR LAFATA | 51 SCHMIDTS LANE | STATEN ISLAND, NY. 10314 |
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10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Allen Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN SCHNEIDER

Date

4/12/2000

Daytime Phone #

954-969-5056

KE