

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV - 1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030667**

1. Corporation Name

AMERICAN NECKWEAR CORPORATION

Principal Place of Business

Mailing Address

1181 S. ROGERS CIRCLE
#26
BOCA RATON FL 33487
US

1181 S. ROGERS CIR.
#26
BOCA RATON FL 33487
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9600

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1993

5. FEI Number

05-0405541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ABECASSIS, SERGE	5810 HOLBROOK RD, #1012 5810 N.W. 34th WAY	BOCA RATON FL 33496 BOCA RATON FL 33496
D	GANET, LARRY	6 SOUTH 280 NEW HOPE	NAPERVILLE IL 60540
D	KO, BRUCE B	261 WESTER BELT PL	ENGLEWOOD CLIFFS NJ 07632
			000001998320-1 -11/07/96-01042-017 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABECASSIS, SERGE
6776 NEWPORT LANE CIRCLE
BOCA RATON FL 33486

Name

SERGE ABECASSIS

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

1181 South ROGERS Circle

Suite, Apt. #, Etc.

26

City

BOCA RATON

State

FL

Zip Code

33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SERGE ABECASSIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-96

Daytime Phone #

407-998-8877