

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030667

1. Corporation Name

American Neckwear Corporation

1160 South Rogers Circle
1160 South Rogers Circle

2. Principal Office Address

1160 South Rogers Circle

Suite, Apt. #, etc.

3. Mailing Office Address

1160 South Rogers Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

US

Zip

33487

Country

US

REINSTATEMENT 01-04

MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/26/1993

5. FEI Number

650405541

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

Serge Abecassis

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

1160 South Rogers Cir

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date 11/19/04

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	Serge Abecassis	1160 South Rogers Cir	Boca Raton, FL 33487
VP	Larry Granet	1160 South Rogers Cir	Boca Raton, FL 33487
D	Bruce Ko	1160 South Rogers Cir	Boca Raton, FL 33487

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/04

Date

Daytime Phone #

CR2E081 (01/04)