## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION  | FLORIDA DEPARTMENT OF STATE                       | FILED  |  |
|--|---|--|--|
| REINSTATEMENT  | Secretary of State DIVISION OF CORPORATIONS       | 06 MAR 21 AM 8: 26   |  |
| DOCUMENT # 094000  | 011-62  | CECELIARY OF STATE<br>MALCANALSE ELFECTIDA   |  |
| DOCUMENT # P9400001662  1. Corporation Name  |   | THE THIN SELECTION OF  |  |
| 1. Corporation Name Miami International Clothing Corporation   |   |  |  |
|  |   | 000069050790<br>03/30/0601039014 **300.00  |  |
| 2. Principal Office Address  13275 5W 136 ST  Suite, Apt. #, etc.  |   | REINSTATEMENT DUCOL  |  |
| Unit #15   | Suite, Apt. #, etc.  Unit #15                     | 4. Date Incorporated or Qualified DOC 1993   |  |
| City & State Miami, H  | City & State  MiAmi, H                            | 5. FEI Number Applied For  |  |
| Zip Country  | Zip Country                                       | 6. SATISFORM STATE OF |  |
| 33186 USA  | 33186 USA   | CERTIFICATE OF STATUS DESIRED sort J Additional Fee required for a Certificate of Status   |  |
| Name Construction of Current Registered Agent  |   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |   |  |  |
| 13275 SW 136 ST<br>Suite, Apt. #, Etc.   |   |  |  |
| City State Zip Code  |   |  |  |
| miami  |   | FL 33186   |  |
| 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 Date 3 16 06   |   |  |  |
| 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<br>Officer and/or Director | City / State / Zip   |  |
| PD BRIAN S. Wilso  | n 13275 SW 134                                    | 0 St, #15 MANNI, 76 33186  |  |
| VP Senniter Nevo   | <u> </u>  | ,  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| 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 filling 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 contained in Chapter 119, 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: 3/14/06 780-573-9391 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |  |  |



US Express Mail March 16, 2006

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Miami International Clothing Corporation

Document Number: P9400000

Dear Sir or Madam:

Our corporation was administratively dissolved for annual report. We were not aware of this until September 2005 when we were applying for a business loan. At that time, we forwarded a copy of our payment and believed the matter had been resolved. Once again, the bank is updating their records and we have come across a similar situation. However, this time, we called and spoke with a representative who advised me that we should have received a letter back from the Division of Corporations requesting the proper form.

Nevertheless, for some reason our Annual Report and check #2734 dated April 20, 2004, were never received by you and we checked with our bank which advised that said check did not clear our account. We believe we were not made aware of this situation since our Annual Report of 2004 was showing a change of address so your office had our wrong address on file.

Therefore, we enclose our check in the amount of \$300.00, together with the reinstatement form and hereby request that the \$600.00 penalty be waived at this time. Note that our office has moved once again and the new address is reflected on the reinstatement form.

Thank you for your attention and cooperation. If you should have any questions, please feel free to contact us.

Very truly yours,

JENNIFER WILSON

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