## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P94000014567

Entity Name: ANN'S TAILORS OF CENTRAL FLORIDA, INC

FILED Oct 29, 2008 Secretary of State

| Littley Na                                    | ine. Anno   | AILONG OF CENTRAL FEOR  | IDA, INO.                                   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place                         | New Principal Place of Business:             |  |
|   | ΓΑΜΟΝΤΕ DR<br>ITE SPRINGS                           |   |   |  |  |
| Current Mailing Address:                      |   |   | New Mailing Address                         | New Mailing Address:                         |  |
|   | ΓΑΜΟΝΤΕ DR<br>ITE SPRINGS                           |   |   |  |  |
| FEI Number:                                   | : 59-3231897  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 397 E. ALT<br>ALTAMON                         | ), SANYARAK<br>FAMONTE DR<br>ITE SPRINGS            | ,#1400<br>, FL 32701 US   | nurnose of changing its registere           | d office or registered agent, or both,       |  |
|   | e of Florida.                                       | submits this statement for the  | purpose of changing its registered          | d office of registered agent, or both,       |  |
| SIGNATUR                                      | RE: SANYAR  | AK MANATAD  |   |  |  |
|   | Electro   | nic Signature of Registered A   | gent  | Date   |  |
|   |   | 93(2)(b), F.S., the corporation did r<br>g Trust Fund Contribution ( ). | not receive the prior notice.               |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>MANATAD, SA<br>1645 KING AR<br>MAITLAND, FL  | THUR CIRCLE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ST (<br>MANATAD, SA<br>1645 KING AR<br>MAITLAND, FL | THUR CIRLCE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: SANYARAK MANATAD RA 10/29/2008