

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P440000 92176

1. Corporation Name

INTERAMERICAS APPAREL, INC.

REINSTATEMENT 03-04

2. Principal Office Address

14100 CARLTON DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

140 COMMODORE DR.

Suite, Apt. #, etc.

#712

City & State

DAVIE FL

City & State

Plantation FL

Zip 33330

Country

USA

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/94

5. FEI Number

650543599

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

Ryan G. Woods

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

140 Commodore Drive

Suite, Apt. #, Etc.

#712

City

Plantation

01/22/04--01058--016 **750.00

700027430897

01/22/04--01058--016 **750.00

State

FL

Zip Code

33325

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/06/04

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
President	DENNIS GRIFFIS	14100 CARLTON DRIVE	DAVIE FL 33330

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-05-03

Daytime Phone #

CR2E081 (10/02)