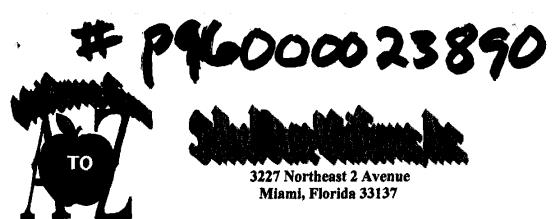
			A Dana		_
	ALL INSTRUCTION		1 73 (3)	SAM.	()
ARPLICATION	FLORIDA DEPARȚM Sandra B. 14		FILE	•	•
196-97 FOR AK	Secretar o		1990 111.25	ll 0. a.	
HEINSTALEMENT	DIVISION OF CORI	PORATIONS	STYL STATE	m 8: 46	
	0023890		MILANIASEE.	F STATE FLORIDA	
I 1. Corporation Name SCHOOL DAZE UNIFORMS, IN	IC.			-54(O))	
			2000024	469922	-3
Principal Place of Business Mailing Address			-03/26/	/9801114001	
5781 BISCAYNE BLVD., SUITE 504 MIAMI FL 33137		5781 BISCAYNE BLVD., SUITE 504 MIAMI FL 33197			10
	Michael I C 00101		; ; i isailbėt tio tūtio ditil Abtil Abtil däiti	OBSTA 14296 (1591 (01)2 (01)1 (09)(100)	
If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.			Date Incorporated or Qualified	00/40/4000	\neg
3227 NE 2 and Suite, Apt. #, etc.			To Do Business in Florida	03/13/1996	
City & State	City & State		5. FEI Number	Applied Fo	
Zip 33137 Country U.S	Zip Cou	untry	5. CERTIFICATE OF STATUS DESIRED	S8.75 Additional Lee re-	quired
7. Names and Street Addresses of Each Officer and	t/or Director (Florida poporofit com	porations must list at lea		for a Certificate of Sta	ius
Title(s) Name of Officers and/or Directors		Street Address of Each		City / State / Zip	
D LAWHORN, RITA		Officer and/or Director T Use Post Office Box N E BLVD., SUITE 504			
		2 52754 55172 557	MWWW 1 E 00 107		-
					
					ļ
	ł				}
				CC 3-25.98	
8. Name and Address of Curren	Registered Agent		9. Name and Address of New Reg		
· LAWHORN, RITA		Name	o. Halle and Address of fow free	iotorou rigorit	(8/87)
5781 BISCAYNE BLVD., SUITE 504 MIAMI FL 33137		Street Address (P	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
		Sulte, Apt. #, Etc.			
		City		State Zip Code	
10. I, being appointed the registered agent of the at	ove named corporation, am familia	r with and accept the ob	ligations of Section 607.0505, F.S.	FL	 ∤
Signature of	whom	·	2	119/97	
Registered Agent	REGISTERED AGENT MUST SIGN		Date	 	
11. This corporation owes or h	as paid the current y		🔽 (See	other side for information	İ
Intangible Personal Prope	rty tax due June 30.	Yes L	No Al	on intangible tax.)	_
12. I certify that I am an officer or director or the receiths reinstatement application, the reason for diss					
owed by the corporation have been paid and the on this application is true and accurate, and my s	names of individuals listed on this	form do not qualify for a	an exemption under section 119.07(3)	(i), F.S. The information indic	ated
$\Omega I -$) /			_	
SIGNATURE:	awharn		3/19/97	(305)523 65	
	RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date	Dayline Phone #	-



Telephone: (305) 573-6555 Telefax: (305) 573-6407

March 19, 1998

- . Mr. Sammy Caldwell, Supervisor
- · Division of Corporations
- 409 E Gaines Street
- . Tallahassee, Florida 32399

. RE: REINSTATEMENT

Dear Mr. Caldwell,

I am writing this letter with the express purpose of reinstating my corporation. I did not receive the notice for renewal for 1997.

Enclosed, you will find a check in the amount of \$315.00, this amount is for the year 1997 in the amount of \$165.00, and for 1998 in the amount of \$150.00. This will bring my corporate fees up to date/current.

If there are any questions, please call me. I am in the process of being certified by the State of Florida and Miami-Dade County, as a MWBE (Minority Women Business Enterprise). If you can work with me and rush the certification, it would surely be appreciated.

Again, thank you for your help.

Rich Lawhorn, President School Daze Uniforms, Inc.

RL/mh