CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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98-01

DOCUMENT # P96000024206 (01)
Corporation Name

Back Bay Casual, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
178 West Westfield Ave.	178 West Westfield
Rm. Apt. #, etc.	Suite, Apt. #, etc.
City & State: Roselle Park, NJ	City & State: Roselle Park, NJ
Zip: 07204 Country: USA	Zip: 07204 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/18/96

5. FEI Number: 59-3365850 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Nelson T. Castellano, Esq.

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd.,

Suite, Apt. #, Etc.: Suite 2700

City: Tampa State: FL Zip Code: 33602

I, I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 4/13/01
REGISTERED AGENT MUST SIGN

8. 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
D	John Tzezairlidis	591 Duquesne Terrace	Union, NJ 07083
D	Michael Tzezairlidis	178 W. Westfield Ave.	Roselle Park, NJ 07204

9. 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 examination 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: _____ 4/12/2001 Date 508/241-7900 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

BACK BAY CASUAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00