APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051313

1. Corporation Name
International Used Clothing Corp.

Principal Place of Business
82 N.E. 26 Street
Miami, Florida 33137

Mailing Address
Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number
65-0675223
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional fee required for a certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Marino Ynirio	82 N.E. 26 Street	Miami, Florida 33137

REINSTATEMENT 97-98
J. Alan
3/26/98

700002475467--6
-04/01/98--01073--005
****758.75 ****758.75

8. Name and Address of Current Registered Agent
Marino Ynirio
82 N.E. 26 Street
Miami, Florida 33137

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
700002475467--6
Suite, Apt. #, Etc.
-04/01/98--01073--008-
****141.25 ****141.25
City State FL Zip Code

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

Signature of Registered Agent
REGISTERED AGENT MUST SIGN Marino Ynirio
Date 12/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐
(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marino Ynirio
12/30/97 Date
(305) 483-1001 Daytime Phone #