

12/30 '97 08:28

ID:LEON BRANCH

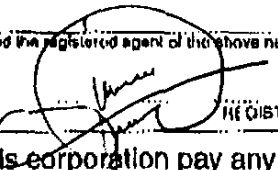
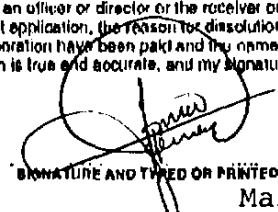
FAX:904-681-3646

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98 MAR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000051313</u>			
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		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0675223	
6. CERTIFICATE OF STATUS DESIRED ☒		☐ Applied for ☐ Not Applicable	
7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Marino Ynirio	82 N.E. 26 Street	Miami, Florida 33137
REINSTATEMENT <u>9/7/98</u> <u>J. Alan</u> <u>3/26/98</u> <u>700002475467-6</u> <u>-04/01/98-01073-005</u> <u>****758.75 ****758.75</u>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Marino Ynirio 82 N.E. 26 Street Miami, Florida 33137		Name Street Address (P.O. Box Number is Not Acceptable) <u>700002475467-6</u> Suite, Apt. #, Etc. <u>-04/01/98-01073-005</u> City <u>****141.25 ****141.25</u> State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.			
Signature of Registered Agent		Date 12/30/97	
 REGISTERED AGENT MUST SIGN Marino Ynirio			
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)(c), 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: 		12/30/97 (305) 483-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Marino Ynirio			