

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Matthew Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 997000041463					
1. Corporation Name National Sewing Machines USA Corporation					
2. Principal Office Address 1225 N. State Rd 7			3. Mailing Office Address 1225 N. State Rd 7		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Hollywood, FL			City & State Hollywood, FL		
Zip 33021			Country		
Zip 33021			Country		
4. Date Incorporated or Qualified To Do Business in Florida 5/8/97					
5. FEI Number 1050752099					
Applied For Not Applicable					
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75. Additional fee required for a Certificate of Status.					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7. Name and Address of Current Registered Agent	
Name Carmen A. Hernandez	
Street Address (P.O. Box Number is Not Acceptable) 1225 North State Road 7	
Suite, Apt. #, Etc. LS	
City Hollywood	State FL Zip Code 33021

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 Carmen Hernandez		Date 2/12/02	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Carmen A. Hernandez	1225 N. State Rd 7	Hollywood, FL 33021
D	Carmen A. Hernandez	1225 N State Rd 7	Hollywood, FL 33021
D	Carmen A. Hernandez	4360 NW 205 St	Miam, FL 33025
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****450.00 ****450.00			

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: Carmen Hernandez	2/12/02 954-985-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	