

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

99 FEB 10 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **DA 7000056742**

1. Corporation Name
MIAMI APPAREL DISTRIBUTORS, INC

Principal Place of Business Mailing Address
4230 NW 128 ST. Same
OPA LOCKA, FL. 33054

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 6/27/97	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.		5. FEI Number 65-0763381	
City & State 1		City & State		Applied For Not Applicable	
Zip 33054		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	KRIS I. DOUGHERTY	4230 NW 128 ST OPA LOCKA, FL. 33054	OPA LOCKA, FL 33054
C.E.O.	ROGER J. RAND	4230 NW 128 ST	OPA LOCKA, FL 33054
SECR/TREAS	RICHARD B. WOLF	4230 N.W. 128 ST.	OPA LOCKA, FL. 33054
			100002776599-0 -02/16/99--01026--003 ***300.00 ***300.00
			2/10/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KRIS I. DOUGHERTY 3245 NE 174 ST # 13307 AVENTURA, FL. 33160		Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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 **Kris I. Dougherty** REGISTERED AGENT MUST SIGN Date **1/11/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: **Kris I. Dougherty, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/11/99** 305-687-8874
Daytime Phone #