

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

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

DOCUMENT # P97000060807

1. Corporation Name

JACKPOT MEN'S WEAR, INC.

Principal Place of Business

Mailing Address

1737 NW 20TH STREET  
MIAMI FL 33142

1737 NW 20TH STREET  
MIAMI FL 33142

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0766496

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	City / State / Zip
P	KIM, YON SON	1737 NW 20TH STREET, #A	MIAMI FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIM, YON SON  
1737 NW 20TH STREET  
MIAMI FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/00 305/325-9030

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**JACKPOT MEN'S WEAR, INC.**  
**1737 N.W. 20<sup>TH</sup> STREET, SUITE A**  
**MIAMI, FL 33142**

TEL (305) 325-9030

P97000060807

NOVEMBER 10, 2000

Florida Department of State  
Division of Corporation  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Request for a reinstatement and a waiver of penalty  
Document #: P97000060807

Dear sir or madam,

This is in request for a reinstatement and a waiver of late filing penalty for our corporation. Enclosed please find an Application for Reinstatement along with a check in the amount of \$150.00.

In 1999, we did not receive the annual report renewal form and wrote your department to waive the late filing penalty when we submitted the renewal application later. We requested you to correct our mailing address at that time.

We have not received the renewal application for 2000 and received the application for reinstatement from our neighbor recently. The mailing and business address has not been corrected as it appears on the reinstatement application.

Please update your record and contact me if you have any questions.

Sincerely,



Yon S. Kim  
President