

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000060807

1. Corporation Name

JACKPOT MEN'S WEAR, INC.

2. Principal Office Address

1737 N.W. 20 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

U.S.A.

3. Mailing Office Address

1737 N.W. 20 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

U.S.A.

REINSTATEMENT 84-05

T. Roberts NOV. 10, 2005  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1997

5. FEI Number

65-0766496

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KIM, YON SON

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

1737 N.W. 20 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

Date 11/07/2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIM, YON-SON	1737 N.W. 20 STREET	MIAMI, FL 33142

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)(f), 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

11/07/2005

Date

305-325-9030

Daytime Phone #

15292

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

**TEL (305) 325-9030**

November 7, 2005

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: Request for reinstatement  
Document #: P97000060807

Dear sir or madam,

This is in request for a reinstatement of our corporation, Jackpot Men's Wear, Inc. The corporation did not receive the annual report in 2004 that caused the corporation being dissolved. I have enclosed \$300.00 (fee for 2004 and 2005) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,



Yon Son Kim  
President

Enclosures: A check (\$300.00)  
A reinstatement application