

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000084879

1. Corporation Name DAY APPAREL, INC.

Principal Place of Business Mailing Address 1035 Estero Blvd. Fort Myers Beach, FL 33931

FILED 99 SEP 14 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99 SP

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 09/30/1997 5. FEI Number 650791409 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: 1. Name, 2. Name of Officers and/or Directors, 3. Street Address of Each Officer and/or Director, 4. City / State / Zip. Includes Doron Abraham and address 1035 Estero Blvd., Fort Myers Beach, FL 33931.

8. Name and Address of Current Registered Agent Doron Abraham, 1035 Estero Blvd., Ft. Myers Beach, FL 33931. 9. Name and Address of New Registered Agent

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: Doron Abraham, Date: 9.8.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [x] (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: Doron Abraham, President 9.8.99 (941) 765-5330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR6E001-12-98