

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000095880**

1. Corporation Name
PAN APPARELS USA, INC.

99 FEB 17 AM 11:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**5500 POINSETTA AVE. #8
 WEST PALM BEACH FL 33408** **5500 POINSETTA AVE. #8
 WEST PALM BEACH FL 33408**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/07/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0796274	
				Applied For	
				Not Applicable	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	BAHAL, ARVI	5500, POINSETTA AVE #8	WEST PALM BEACH, FL 33408

300002780783--0
 -02/19/99--01059--005
 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

**BAHAL, ARVI
 5500 POINSETTA AVE. #8
 WEST PALM BEACH FL 33408**

9. Name and Address of New Registered Agent

Name _____
 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 (ARVI BAHAL)
 REGISTERED AGENT MUST SIGN

Date: 02-10-99

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-99 (561)626-2784.
 Date Daytime Phone #

CR2E040 (9/98)

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From: PAN APPARELS USA, INC.
5500, Poinsetta Ave. # 8,
West Palm Beach Fl 33408.

To: DIVISION OF CORPORATIONS
ANNUAL REPORTS/ REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL.32314-6327.

Ref: Reinstatement of PAN APPARELS USA, INC.

Dear sirs/ Madame,

This is reference to our telephone conversations with one of the officer in your department. That due to some disputes with office Management we were unable to get our mails since last year from their office. Since we resolved all the disputes with them, we got all our mails. But it was sad to read that our 1998 CORPORATIONS, report has not been filed.

As we spoke to one of the officer in the Reinstatement Department and he advised us that we should send in the Reinstatement application to the department along- with \$300.00. For 1998 and 1999 filing fee. Please find a check of \$300.00. with the Reinstatement application.

We apologize for any inconvenience occurred by us. Thanking you.

Yours Sincerely,


Arvi Bahal

President

PAN APPARELS USA, INC.

Jan.25,1999.