

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000014005

1. Corporation Name

3 J'S APPAREL, INC.

Principal Place of Business

2056 N.W. 23 AVE.
MIAMI FL 33142

Mailing Address

2056 N.W. 23 AVE.
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

2034 N.W. 22 COURT

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33142

Country
USA

3. New Mailing Office Address, If Applicable

2034 N.W. 22 COURT

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33142

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1998

5. FEI Number

65-0814584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PSTD	QUAKNINE, NIURKA	2056 N.W. 23 AVE. 2034 N.W. 22 CT.	MIAMI FL 33142
D	QUAKNINE, GILBERT	2056 N.W. 23 AVE. 2034 N.W. 22 CT.	MIAMI FL 33142
			800004718578--2 -12/11/01--01051--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

QUAKNINE, NIURKA
2056 N.W. 23 AVE.
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
GILBERT QUAKNINE
Street Address (P.O. Box Number is Not Acceptable)
2034 N.W. 22 COURT
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33142

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 10-30-01

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GILBERT QUAKNINE 10-30-01

20/2

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

November 5, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

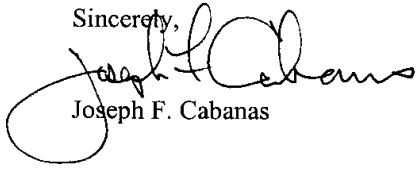
Re: 3 J's Apparel, Inc.
Doc#: P98000014005

Gentlemen:

We are the accountants for the above referenced corporation. Please be advised that the Company moved in early year 2001 and was just forwarded this reinstatement from their former address. Furthermore, the address where your correspondence was sent is a shared office and the other tenant, who receives the mail, neglected to give my client the mail until recently. When my client received his mail, he forwarded the enclosed "2001 Application for Reinstatement" to our attention.

We respectfully request that you please reinstate 3 J's Apparel, Inc. due to the reasons described above. We also ask that you please update their address in your system. Additionally, a check for \$150 is attached.

Sincerely,


Joseph F. Cabanas