

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000014005

1. Corporation Name

3 J'S APPAREL, INC.

2. Principal Office Address

777 N.W. 72 AVE

Suite, Apt. #, etc.

2G2

City & State

MIAMI FL.

Zip

33126

Country

USA

3. Mailing Office Address

777 N.W. 72 AVE.

Suite, Apt. #, etc.

2G2

City & State

MIAMI FL.

Zip

33126

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

2-12-98

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. Name and Address of Current Registered Agent

Name

NIURKA OUAKNINE

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

777 N.W. 72 AVE

Suite, Apt. #, Etc.

2G2

City

MIAMI

State

FL

Zip Code

33126

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/05/04

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
PSTD	NIURKA OUAKNINE	777 N.W. 72 AVE #2G2	MIAMI FL. 33126
VD	GILBERT OUAKNINE	777 N.W. 72 AVE #2G2	MIAMI FL. 33126

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/04

Date

(305) 269 0570

Daytime Phone #

CR2E081 (01/04)

05 272

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

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

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

November 5, 2004

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

RE: 3 J'S APPAREL, INC.  
P 98000014005

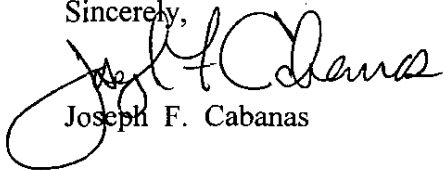
Gentlemen:

We are the Accountants for the above taxpayer. Please note that our client never received the original Annual Report Notification for 2004, since they moved at the beginning of 2004.

Our client respectfully requests amnesty against any penalties since they moved and never received the Annual Report notification at their current address. They are now attaching a check for \$ 150.00 to cover the filing fees.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Joseph F. Cabanas

Enclosure