

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ^{FILED}

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062615

1. Corporation Name

Gildan Activewear Miami, Inc.

2. Principal Office Address

5200 Blue Lagoon Drive

3. Mailing Office Address

725 Montée de Liesse

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Montreal, Quebec

Zip

33126

Country

United States

Zip

H4T 1P5

Country

4. Date Incorporated or Qualified To Do Business in Florida

July 16, 1998

5. FEI Number

650852928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 09-03

7. Name and Address of Current Registered Agent

Name

Nathan I. Leder P.A. Esq

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

5200 Blue Lagoon Drive

Suite, Apt. #, Etc.

600

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

Date 9/29/03

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
	SEE ATTACHED SCHEDULE A		

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)(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

Stephane Lemay

09/23/2003

Date

Daytime Phone #

514-734-8394

21 10/6

CR2E081 (10/02)

SCHEDULE A

GILDAN ACTIVEWEAR MIAMI, INC.

Directors and Officers

<i>Name</i>	<i>Address</i>	<i>Title</i>
H. Gregory Chamandy	58 Belvedere Place Westmount, Quebec Canada H3Y 1G6	(C) (D) Chairman and Director
Glenn J. Chamandy	24 Summit Crescent Westmount, Quebec Canada H3Y 1L3	(P) (D) President and Director
Edwin B. Tisch	1 Wood Avenue Apartment 1802 Westmount, Quebec Canada H3Z 3C5	(V) Executive Vice-President
Laurence G. Sellyn	25 East Gables Court Beaconsfield, Quebec Canada H9W 4G9	(CFO) Chief Financial Officer
Stéphane Lemay	92 de la Moselle St-Lambert, Québec Canada J4S 1W2	(S) Secretary
Normand Sabourin	680 Buchanan Saint-Laurent, Quebec Canada H4L 2T6	(T) Treasurer
Gregg Thomassin	11 Racine Pincourt, Quebec Canada J7V 8G1	Controller