

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000065181

1. Corporation Name

BEST BUY MEN'S WEAR UNLIMITED, INC.

Principal Place of Business

Mailing Address

2127 N.W. 20 ST.
MIAMI FL 33142

2127 N.W. 20 ST.
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1998

5. FEI Number

65-0856221

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
DP	ELMESAR, NAJAH	9001 S.W. 77 AVE., C-807	MIAMI FL 33156

500003465125--2
-11/15/00--01114--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELMESAR, NAJAH
2127 N.W. 20 ST.
MIAMI FL 33142

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 16, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED
ELMESAR, NAJAH, President

Date

Daytime Phone #

Oct 16 2000

305-326-8666

-2-

OCTOBER 16TH , 2000

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

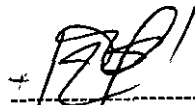
RE : BEST BUY MEN'S WEAR
UNLIMITED, INC.
P98000065181

GENTLEMEN :

THE 2000 FILING FEE WAS NOT PAID ON TIME, BECAUSE WE DID NOT
RECEIVED THE FORM TO PAY IT, OR CORRESPONDENCE FROM YOUR
DEPARTMENT.

WE ARE USED TO PAY THIS LICENSE ON TIME . PLEASE ENCLOSED
FIND A CHECK FOR \$ 150.00 FOR THE 2000 FILING FEE.

SINCERELY,



BEST BUY MEN'S WEAR UNLIMITED INC.
2127-N. W. 20TH STREET
MIAMI, FL. 33142-7309
(305) 326-8666