

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 10 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081040

1. Corporation Name
TUMI INTERNATIONAL, INC.

200081629192
11/22/05--01066--011 **908.75

2. Principal Office Address 11450 NW 34 Street Suite, Apt. #, etc.		3. Mailing Office Address 2100 Coral Way Suite, Apt. #, etc. 304	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33178	Country USA	Zip 33145	Country USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 13-4229848		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MONICA PAULEY		
Street Address (P.O. Box Number is Not Acceptable) 11450 NW 34 Street		
Suite, Apt. #, Etc.		
City Miami, Florida	State FL	Zip Code 33178

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 *Monica Pauley* Date 11/08/05

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
P/S/D	MONICA PAULEY	11450 NW 34 Street	Miami, FL 33178

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: *Monica Pauley* Date 11/08/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #