


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P98000081040

1. Corporation Name

TUMI INTERNATIONAL, INC.

2. Principal Office Address

11450 NW 34 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

USA

3. Mailing Office Address

2100 Coral Way

Suite, Apt. #, etc.

304

City & State

Miami, Florida

Zip

33145

Country

USA

FILED
05 NOV 10 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200081629192
11/22/05--01066--011 **908.75

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-4229848

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

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

[Signature]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/05

Date

Daytime Phone #