

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT-16 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081901

1. Corporation Name

UNITEX APPAREL USA, INC.

2. Principal Office Address

766-C E. ALTAMONTE DR

3. Mailing Office Address

766-C E. ALTAMONTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593547701

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

GRAY, HARRIS & ROBINSON, P.A.

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

301 E. PINE STREET

Suite, Apt. #, Etc.

SUITE 1400

City

ORLANDO

State
FL

Zip Code

32801

78

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent:

Byrd F. Marshall, Jr., Esq.

Date 10/18/02

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
D	GULAMHUSEIN, NAZIR	201 AMBER STREET	MARKHAM, ONTARIO, CANADA
			L3R3J-7

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

X 04 11 2002

Date

Daytime Phone #

CR20001 (9/01)