

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

00 SEP 26 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

098000085791

**1. Corporation Name**

LEGACY APPAREL CORP  
6700 NW 37th Court  
Miami, FL 33147

**2. Principal Office Address**

6700 NW 37th Court

**3. Mailing Office Address**

6700 NW 37th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

**4. Date Incorporated or Qualified To Do Business in Florida**

10/6/98

**5. FEI Number**

65-0873192

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

MARIA MATA

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

17620 NW 67th Avenue; Apt. 1107

Suite, Apt. #, Etc.

1107, Ft. 33015

City

MIAMI

State

FL

Zip Code

33015

**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

*Maria Mata*

REGISTERED AGENT MUST SIGN

Date 9/26/00

**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/P	MOHAMAD A. HOSSAIN	6808 NW 179th St; apt #205	Miami, FL 33015

REINSTATEMENT 99-001 TS

**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:

MOHAMAD A HOSSAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00

Date

Daytime Phone #