

B1K2


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -2 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000099729**

1. Corporation Name
Medley Apparel Company, Inc

300037569773
06/02/04--01013--005 **300.00

2. Principal Office Address 1876 N University Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc. 200 I		Suite, Apt. #, etc.	
City & State Plantation FL		City & State	
Zip 33322	Country USA	Zip	Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
11/30/1998

5. FEI Number
650891594

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edward Leavy

Street Address (P.O. Box Number is Not Acceptable)
1876 N University Drive

Suite, Apt. #, Etc.
200 I

City
Plantation

State
FL

Zip Code
33322

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 **5/26/04**

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
PD	Edward Leavy	1876 N University Drive	Plantation, FL 33322

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]** Date **5/26/04**

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

CR2E081 (01/04)

PS 242
MEDLEY APPAREL COMPANY, INC.

Committed to excellence

May 25, 2004

Messrs.
Department of State
Division of Corporations
P. Box 6327
Tallahassee, FL 32314

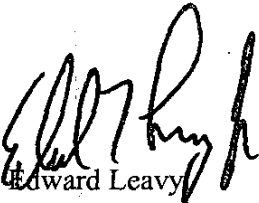
Ref. Medley Apparel Company, Inc.
Document # P98000099729
FEIN 650891594

Dear Sirs,

Enclosed find herewith a corporation reinstatement form. Last year we moved our offices to the current address and did not receive the business report form.

We also enclosed a check for the amount of \$300.00 to pay the reinstatement fees.

Thank you very much,



Edward Leavy
President