

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Authenticating Seal

Secretary of State

Division of Corporations

01-02 11BR

02 FEB 14 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084725

1. Corporation Name

SHF SWIMWEAR INC

2. Principal Office Address

286 WEST 22nd ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip

33013

Country

Zip

Country

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

9/99

5. FEI Number

22-3690225

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

MICHAEL WILLIAMS

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

2401 DEER CREEK RD

Suite, Apt. #, Etc.

City

WESTON

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

2/8/02

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
AD	BARRY LEVINE	8 BARSTOW RD	GREAT NECK NY 11021
VD	MICHAEL WILLIAMS	2401 DEER CREEK RD	WESTON FLA 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] BARRY LEVINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/02 2127308450
Daytime Phone #

CR2E081 (9/01)

2012

SHI SWIMWEAR INC.
286 WEST 22ND STREET
HIALEAH, FL 33013

January 23, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find a Corporation Reinstatement for our company together with a check in the amount of \$300.00. The address for our corporation that you have in your records is incorrect, and as such, we received no notices for the year 2001. Therefore, we respectfully request that all late fees be waived.

If you require further information, please contact me.

Very truly yours,

SHI SWIMWEAR INC.

Barry Levine

Barry Levine

Enc.