

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

**Secretary of State**

**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 25 AM 3:24

**DOCUMENT #** P99000089671

**1. Corporation Name**

JM APPAREL, INC.

102000004455

**2. Principal Office Address**

16300 NE 19<sup>th</sup> AVE

**3. Mailing Office Address**

SAMB

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

N-MIAMI BEACH, FL

City & State

(FLORIDA)

Zip

33162

Country

DADE

Zip

Country

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

**5. FEI Number**

65-0953320

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

OHAYON JACOB

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

16300 NE 19<sup>th</sup> AVE

Suite, Apt. #, Etc.

SUITE B

City

N-MIAMI BEACH

State

FL

Zip Code

33162

**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

REGISTERED AGENT MUST SIGN

Date

2-2-02

**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
PRES.	OHAYON JACOB	16300 NE 19 <sup>th</sup> AVE	N-MIAMI FL 33162

**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:

JACOB OHAYON

2-2-02

305 957 9909

CP2E081 (8/00)

**JM APPAREL, INC.**

16300 NE 19<sup>TH</sup> AVE SUITE B  
N MIAMI BEACH FL 33162

**DATE:** 12-01-2001

**TO:** FLORIDA DEPT. OF STATE  
DIV. OF CORP.

**RE:** ANNUAL REPORT

DEAR SIRs, PLS. NOTE THAT WE DIDN'T RECEIVED THE REPORT UNTIL WE CALLED YOUR OFFICE .

AFTER OUR ACCOUNTANT TOLD US THAT WE NEED TO FILE WITH YOUR OFFICE . WE ARE MAILING YOUR OFFICE THE CHECK AND A REPRESENTATIVE CONFIRMED TO US THAT WE DON'T HAVE TO PAY ANY PENALTY .

OUR ADDRESS HAVE CHANGED TO THE ABOVE ADDRESS.

WE ASK YOUR OFFICE TO ACCEPT OUR REPORT AND FILE IT WITHOUT THE LATE FEE.

THANKS

OHAYON JACOB

