

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 27 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000107399

**1. Corporation Name**

CAYMAN APPARELL, INC.

**2. Principal Office Address**

10225 Southern Blvd.

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Zip

33411

Country

Palm Beach

Zip

Country

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

12/9/99

**5. FEI Number**

65-0974662

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-01

**7. Name and Address of Current Registered Agent**

Name

John Couldbourn

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

10225 Southern Blvd.

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

**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

*John Couldbourn President*  
REGISTERED AGENT MUST SIGN

Date 2/26/01

**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
P/VP	John Couldbourn	10225 Southern Blvd.	Royal Palm Beach, FL 33411
S/T	Teresa Chappell	12059 Royal Court	Wellington, FL 33414

**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:**

*John Couldbourn President*  
JOHN COULDBOURNE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 (561) 790-6445  
Date Daytime Phone #

CR2E081 (9/00)