APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28866

1. Corporation Name: WACKO JEANS, Inc.

Principal Place of Business: 2656-A NW 21 TERRACE MIAMI FLA 33142

Mailing Address:

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 777 NW 2nd Avenue
Suite, Apt #, etc.: 2PH
City & State: MIAMI FLORIDA
Zip: 33126 Country: DADE

3. New Mailing Office Address, If Applicable: N/A
Suite, Apt #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 00

5. FEI Number: 65-0250395 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	ELIE AKIBA	1855 NE 193rd STREET	No. Miami Beach, FLA 33179
VP	ELIE AKIBA		
SEC	ELIE AKIBA		
Tres	ELIE AKIBA		

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8. Name and Address of Current Registered Agent
ELIE AKIBA
1855 NE 193rd STREET
No. Miami Beach FLA 33179

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X [signature] REGISTERED AGENT MUST SIGN Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] AKIBA-ELIE President 02/04/99 305 2669456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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