

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

90 APR 28 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 562395

1. Corporation Name
 Premier Hat Company, Inc.

Principal Place of Business Mailing Address
 6550 Northeast 4th Court
 Miami, FL 33138

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date incorporated or Qualified To Do Business in Florida June 26, 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0284504	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, S T, D	Michael R. Margulies	6550 Northeast 4th Court	Miami, FL 33138
			900002504559-3 -04/29/98-01015-0023 ***200.00 ***200.00
			900002504559-3 -04/29/98-01015-0023 ***200.00 ***200.00
			900002504559-3 -04/29/98-01015-003 ***200.00 ***200.00

REINSTATEMENT 97-98
5-4-29-98

8. Name and Address of Current Registered Agent Michael R. Margulies 6550 Northeast 4th Court Miami, FL 33138		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is acceptable) Suite, Apt. #, Etc. City	
--	--	--	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.041, F.S.

Signature of Registered Agent: _____ Date: _____
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: _____ Date: 4/7/98 (305) 756-7711
 REGISTERED AGENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR