

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 3:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V42406**

1. Corporation Name

**J'S MENS WEAR, INC.**

Principal Place of Business

747 S ORANGE BLOSSOM TRAIL  
 APOPKA FL 32703

Mailing Address

747 S ORANGE BLOSSOM TRAIL  
 APOPKA FL 32703



**REINSTATEMENT** 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1992

5. FEI Number

59-3138244

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	ASKER, MARY	747 S ORANGE BLOSSOM TRL	APOPKA FL
VD	ASKER, JUMAH	747 S ORANGE BLOSSOM TRL	APOPKA FL
D	ASKER, MARY	747 S ORANGE BLOSSOM TRL	APOPKA FL
			400024925994 11/21/03--01045--026 **150.00

8. Name and Address of Current Registered Agent

GRANITO, MARGARET P  
 GRANITO ACCOUNTING SERVICES, INC.  
 7139 TIMBER DRIVE  
 WINTER PARK FL 32792

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. or 617.0505, F.S.

Signature of Registered Agent

*Margaret P. Armitage*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

10/11/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margaret P. Armitage*  
**SIGNATURE REQUIRED**

Date

10/11/03

Daytime Phone #

CRE040 (7/03)

J'S MENS WEAR, INC.  
747 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703  
407-880-8944

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 3314

RE: DOCUMENT #V42406  
FEI #59-3138244

GENTLEMEN:

AS PER OUR RECENT TELEPHONE CONVERSATION, WE ARE  
ENCLOSING OUR CHECK FOR \$150.00 PLUS THE REINSTATEMENT  
FORM. AS MENTIONED ON THE PHONE, WE NEVER RECEIVED THE  
ORIGINAL ANNUAL REPORT AND WERE TOLD TO MAIL THIS FORM  
TO YOU WITH OUR CHECK FOR \$150.00.

WE THANK YOU FOR YOUR ASSISTANCE AND UNDERSTANDING.

YOURS TRULY,  
J'S MENS WEAR, INC.

JUMAH ASKER,  
VICE-PRESIDENT