

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V 43468

1. Corporation Name

APPAREL EXCHANGE, INC.

2. Principal Office Address

1160 N FEDERAL HIGHWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#1216

Suite, Apt. #, etc.

SAME

City &amp; State

FT LAUDERDALE, FL

City &amp; State

SAME

Zip

33304

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

6/12/1992

5. FEI Number

65-0343462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

HECTOR DIAZ

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

1160 N FEDERAL HIGHWAY

Suite, Apt. #, Etc.

#1216

City

FT LAUDERDALE

State

FL

Zip Code

33304

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

4/29/02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HECTOR DIAZ	1160 N FEDERAL HWY, #1216	FT LAUDERDALE, FL 33304

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:

HECTOR DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 954-670-6200

Daytime Phone #

FILED

02 MAY -2 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAUBR  
00-02

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**APPAREL EXCHANGE, INC. 1160 n. Federal Hwy #1216 Ft. Lauderdale, Fl. 33304**  
**Phone-954-5239720 Fax- 954-524-0297**

April 29, 2002

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 323414

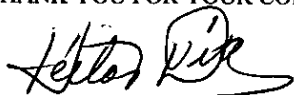
RE: CORPORATION REINSTATEMENT DOCUMENT # V 43468 TO WHOM IT MAY CONCERN :

ENCLOSED IS A CHECK FOR \$450 FOR THE ANNUAL BUSINESS REPORT FEES FOR THE YEARS 2000, 2001 AND 2002. SINCE THERE WAS A CHANGE OF

ADDRESS, THE ANNUAL REPORTS WERE *NOT* FORWARDED TO ME AND I WAS UNAWARE THAT I HAD NOT FILED FOR THE ABOVE YEARS.

THEREFORE, I AM REQUESTING A WAIVER OF REINSTATEMENT FEES.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, SINCERELY.



HECTOR DIAZ

APPAREL EXCHANGE, INC.

1160 FEDERAL HIGHWAY, #1216, FT LAUDERDALE, FL 33304