

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200108535862
08/23/07--01037--003 **608.75

DOCUMENT # F99000004203

1. Corporation Name

Action Embroidery Corp

REINSTATEMENT 04-07 *WBP*

2. Principal Office Address - No P.O. Box #
1315 W BROOKS ST
Suite, Apt. #, etc.

3. Mailing Office Address
1315 W BROOKS ST
Suite, Apt. #, etc.

City & State
ONTARIO CA
Zip
91762
Country
USA

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ONTARIO CA
Zip
91762
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/13/1999

5. FEI Number 13-3355209
Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
PETER GRAY
Street Address (P.O. Box Number is Not Acceptable)
1095 TUPELO WAY
Suite, Apt. #, Etc.
City
WESTON
State
FL
Zip Code
33327

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date 8/22/07

REGISTERED AGENT MUST SIGN

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/S	IRA NEWMAN	813 N RUTLEDGE DR	PLACENTIA, CA 92870
C/D	OZZIE SILVA	23301 PALM CANYON LN	MALIBU CA 90265
T/D	STEVEN MENDELOW	440 PARK AVE SO	NY NY 10016
V	PETER GRAY	1095 TUPELO WAY	WESTON, FL 33327

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 contained in Chapter 119, 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]* IRA J NEWMAN 8/21/07 909-983-1359
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #