

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000004203

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** ACTION EMBROIDERY CORP.

**Current Principal Place of Business:**

1315 W. BROOKS STREET  
ONTARIO, CA 91762

**New Principal Place of Business:**

**Current Mailing Address:**

1315 W. BROOKS STREET  
ONTARIO, CA 91762

**New Mailing Address:**

**FEI Number:** 13-3355209      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, PETER  
1095 TUPELO WAY  
WESTON, FL 33327      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER GRAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PS      ( ) Delete  
Name: NEWMAN, IRA  
Address: 813 N. RUTLEDGE DR.  
City-St-Zip: PLACENTIA, CA 92870

Title: CD      ( ) Delete  
Name: SILNA, OZZIE  
Address: 23301 PALM CANYAN LANE  
City-St-Zip: MALIBU, CA 90265

Title: TD      ( ) Delete  
Name: MENDELOW, STEVEN  
Address: 440 PARK AVE., S.  
City-St-Zip: NEW YORK, NY 10016

Title: V      ( ) Delete  
Name: GRAY, PETER  
Address: 1095 TUPELO WAY  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA J NEWMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/09/2009

\_\_\_\_\_  
Date