

APPLICATION
FOR *92-97*
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 APR 30 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # M81039**

Bellagio Knitwear, Inc.
6600 W. Rogers Circle, #10
Boca Raton, Florida 33487

2. If Address of Corporation is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

May 16, 1988

5. FEI Number

65-0084033

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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
1	2	3	4
D	Kenneth Brower	2841 Timbercreek Circle	Boca Raton, Florida
D	Sheila Brower	2841 Timbercreek Circle	Boca Raton, Florida

REINSTATEMENT

REGISTERED AGENT INFORMATION

B. Name and Address of Current Registered Agent

Kenneth Brower
2841 Timbercreek Circle
Boca Raton, Florida 33431

9. If changed, new registered agent / office

Name

700002169547--6

Street Address (Do NOT Use P.O. Box Numbers) 05/07/97--01066--014

***1583.75 ***1583.75

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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.

Signature of Registered Agent

Kenneth N. Brower
REGISTERED AGENT MUST SIGN

Date April 11, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Kenneth N. Brower

Date 4/11/97

Daytime Phone # 561/487-1101