

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1290 MAR 25 AM 8:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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-03/26/98--01114--001



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000023890**

1. Corporation Name
SCHOOL DAZE UNIFORMS, INC.

Principal Place of Business
**5781 BISCAYNE BLVD., SUITE 504
MIAMI FL 33137**

Mailing Address
**5781 BISCAYNE BLVD., SUITE 504
MIAMI FL 33137**

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

2. New Principal Office Address, If Applicable
3227 NE 2 Ave

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
03/13/1996

5. FEI Number
65-0654902

Applied For
 Not Applicable

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

City & State
Miami Fla

City & State

Zip **33137** Country **US**

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAWHORN, RITA	5781 BISCAYNE BLVD., SUITE 504	MIAMI FL 33137

SCC 3-25-98

8. Name and Address of Current Registered Agent

LAWHORN, RITA
5781 BISCAYNE BLVD., SUITE 504
MIAMI FL 33137

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.

Signature of Registered Agent *Rita Lawhorn* REGISTERED AGENT MUST SIGN

Date 3/19/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *Rita Lawhorn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/19/97 Daytime Phone # (305) 523 6835

1

CRS240 (8/97)

P96000023890

2



3227 Northeast 2 Avenue
Miami, Florida 33137

Telephone: (305) 573-6555
Telefax: (305) 573-6407

March 19, 1998

- Mr. Sammy Caldwell, Supervisor
- Division of Corporations
- 409 E Gaines Street
- Tallahassee, Florida 32399

• **RE: REINSTATEMENT**

Dear Mr. Caldwell,

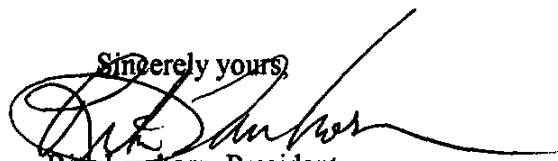
I am writing this letter with the express purpose of reinstating my corporation. I did not receive the notice for renewal for 1997.

Enclosed, you will find a check in the amount of \$315.00, this amount is for the year 1997 in the amount of \$165.00, and for 1998 in the amount of \$150.00. This will bring my corporate fees up to date/current.

If there are any questions, please call me. I am in the process of being certified by the State of Florida and Miami-Dade County, as a MWBE (Minority Women Business Enterprise). If you can work with me and rush the certification, it would surely be appreciated.

Again, thank you for your help.

Sincerely yours,



Rita Lawhorn, President
School Daze Uniforms, Inc.

RL/mh
