

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 SEP 10 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99600023890

1. Corporation Name

School DAZE Uniforms, Inc

300022894593
09/09/03--01109--007 **308.75

REINSTATEMENT 02-03

2. Principal Office Address

1803 NE 2 ave

3. Mailing Office Address

P.O. Box 16842

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

Miami, Fla

City & State

Miami, FL

City & State

Miami, Fla

Zip

33132

Country

USA

Zip

33101

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/96

5. FEI Number

65-0654902

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

RITA LAWHOEN

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

1920 NW 107 St

Suite, Apt. #, Etc.

City

Miami, Florida 33167

State
FL

Zip Code
33167

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

Rita Lawhoen
REGISTERED AGENT MUST SIGN

Date

8/31/03

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
<u>Pres</u>	<u>RITA LAWHOEN</u>	<u>1920 NW 107 ST</u>	<u>Miami, FL 33167</u>

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:

Rita Lawhoen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/03
Date

(305) 373-2665
Daytime Phone #

CR2E081 (10/02)

Apparel From



School Daze Uniforms, Inc.

Wholesale/Retail/Manufacturers

Rita Lawhorn, President

2082

August 29, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32314

Dear Sir / Madam,

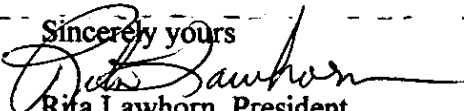
Per your instructions, I am writing you a letter to explain why the corporate fees were not paid. The company moved and your office verified the return to sender notification you received from the US Postal service.

The new address for School Daze Uniforms, is 1803 NE 2 Ave., Miami, Florida 33132. We decided to use a PO Box as our mailing address to avoid any possible loss of important mail in the future. The PO Box is School Daze Uniforms - P.O. Box 16842 - Miami, Florida 33101. The registered agent remains the same.

Also per your office instructions, I am to send a total of \$300.00, of which I have enclosed, to have the company re-instated. If there are any difference in the amount due, please contact me as soon as possible.

We look forward to having School Daze Uniforms re-instated as a corporation in good standing with the State of Florida.

Sincerely yours


Rita Lawhorn, President
School Daze Uniforms, Inc.

RL/bh
File

1803 Northeast 2nd Avenue • Miami, Florida 33132 • Telephone: (305) 373-2665 • Fax: (305) 373-9956
Email | Schooldaze1@hotmail.com


"Where Service Is The  Of Our Business"