

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 154683

1. Corporation Name

Farner's Children's Wear Inc

2. Principal Office Address - No P.O. Box #

601 Luzon Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

601 Luzon Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1958

5. FEI Number

59-0677087

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

Michael Edelstein

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

601 Luzon Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
PD	Bessie B Edelstein	601 Luzon Ave	Tampa FL 33606
D	Sandra Schatzman	1351 NW 112 St Rm 505	Miami FL 33125
D	Michael Edelstein	601 Luzon Avenue	Tampa FL 33606

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:

Michael Edelstein

Michael Edelstein

Date

1/29/07

Daytime Phone #

813-254-2776

282

**FARNERS CHILDRENS WEAR, INC.
601 LUZON AVENUE
TAMPA, FL 33606**

January 26, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


To Whom It May Concern:

Enclosed is our form requesting reinstatement of our corporate status. My mother, who is in her nineties, previously was the registered agent, but she no longer handles the financial affairs. I have been the responsible party for the last five years.

Apparently, the notices went to my Mother's home and they were probably discarded. They were never received by me or they would have been processed. As such, I request that the \$600 reinstatement fee be waived and I am enclosing a payment of \$450.00 to reinstate the Company.

If you have questions, I may be reached at 813-254-2776.

Very truly yours,


Michael Edelstein
Vice-President

Enclosures