

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 2002 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #** 408102

1. Corporation Name

MR. TALL & BIG MEN'S WEAR, INC

2. Principal Office Address

3218 E COLONIAL DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

3. Mailing Office Address

P.O. BOX 541795

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

Zip

32954-1795

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-05-72

5. FEI Number

59-1445405

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

NANCY SHARP

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

1755 W NEW HAVEN AVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32904

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

*Nancy Sharp*

REGISTERED AGENT MUST SIGN

Date **APRIL 30, 2002**

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
D, P	BRUCE SHARP	1755 W NEW HAVEN AVE	MELBOURNE, FL 32904
D, VP	NANCY SHARP	1755 W NEW HAVEN AVE	MELBOURNE, FL 32904

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:**

*Nancy Sharp* *Nancy Sharp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

321-724-8160

Daytime Phone #

CR2E081 (9/00)