

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 10 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 481027

1. Corporation Name

CHARLOTTE COUNTY SEWING CENTER, INC.

Principal Place of Business

PROMENADES SHOPPING CENTER 48-50  
PORT CHARLOTTE FL 33952

Mailing Address

PROMENADES SHOPPING CENTER 48-50  
PORT CHARLOTTE FL 33952



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

REINSTATEMENT

07/23/1975

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1610385	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				58.75 Additional Fee required for a Certificate of Status	

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
P	DREXLER, FREDERICK R.	3057 KINGSTON ST N.E.	PORT CHARLOTTE FL
S	DREXLER, JOYCE A.	3057 KINGSTON ST. N.E.	PORT CHARLOTTE FL
V	DREXLER, ERIC	818 CONRAD	PORT CHARLOTTE FL

600002028066--9  
-12/12/96--01109--004  
\*\*\*375.00 \*\*\*375.00

DB 12-11-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DREXLER, FREDERICK R. <del>574 KINGSTON ST. N.E.</del> PORT CHARLOTTE FL 33952		Name Street Address (P.O. Box Number is Not Acceptable) 3057 KINGSTON ST N.E. 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

*Frederick R. Drexler*  
REGISTERED AGENT MUST SIGN

Date 10/29/96

11. 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.)

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:

*Frederick R. Drexler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5 96 941 629-2202  
Date Daytime Phone #