

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 2:59

DOCUMENT # 505966

1. Corporation Name

RENT WEAR, INC.

600004559866--5

-08/28/01--01053--003

****900.00 ****900.00

2. Principal Office Address

2610 ORANGE AVE

3. Mailing Office Address

2610 ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

Zip

34947

Country

USA

Zip

34947

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 25, 1980

5. FEI Number

59-1677632

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

THOMAS W. SETTLE

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

2610 ORANGE AVE

Suite, Apt. #, Etc.

City

FORT PIERCE

State
FL

Zip Code

34947

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

Date

8-15-01

REGISTERED AGENT MUST SIGN

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
CHAIR	ERNEST E. SETTLE	2611 S INDIAN RIVER DR	FORT PIERCE, FL 34950
PRES	PAUL D. SETTLE	917 JACKSON WAY	FORT PIERCE, FL 34949
VP/IR.	THOMAS W. SETTLE	469 NW CONCORD DR	PORT ST LUCIE, FL 34983
SEC/ BOARD	MAXINE C. SETTLE	2611 S. INDIAN RIVER DR	FORT PIERCE, FL 34950

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:

THOMAS W. SETTLE

8-15-01

(561) 464-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #