

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

FILED
Mar 13, 2003 8:00 A.M
Secretary of State

DOCUMENT # **505966**

1. Corporation Name

RENT WEAR, INC.

Principal Place of Business

**2610 ORANGE AVENUE
FT. PIERCE FL 34947**

Mailing Address

**2610 ORANGE AVENUE
FT. PIERCE FL 34947**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1677632

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75-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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	SETTLE, ERNEST E	2611 S INDIAN RIVER DR	FORT PIERCE FL 34950
P	SETTLE, PAUL D	917 JACKSON WAY	FORT PIERCE FL 34949
VTR	SETTLE, THOMAS W	469 NW CONCORD DR	PORT ST LUCIE FL 34983
SB	SETTLE, MAXINE C	2611 S INDIAN RIVER DR	FORT PIERCE FL 34950

8. Name and Address of Current Registered Agent

**SETTLE, THOMAS W
2610 ORANGE AVENUE
FT. PIERCE FL 34954**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan 29, 2003

11. 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:

[Signature] **SETTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 29, 2003

Daytime Phone #

772-464-3711

CR2E040 (8/02)