PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **506795**

1. Corporation Name

LEO'S MENS STORE, INC.

Principal Place of Business	Mailing Address
~~184 MIRACLE STRIP PARKWAY~~	~~184 MIRACLE STRIP PARKWAY~~
~~FT. WALTON BCH FL 32548~~	~~FT. WALTON BCH FL 32548~~

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

REINSTATEMENT 97A00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 300 Mary Esther Blvd #53	Suite, Apt. #, etc.: 300 Mary Esther Blvd #53
City & State: Mary Esther, FL	City & State: Mary Esther, FL
Zip: 32569 Country: Okaloosa	Zip: 32569 Country: Okaloosa

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1976

5. FEI Number: 59-1682585 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	WORK, DON ALAN	122 ALDEN DR.	FT. WALTON BCH. FL 32548
VST	WORK, E. GARY	1940 ST. MARYS AVENUE	PENSACOLA FL

100002875401--2
-12/17/97--01093--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WORK, DON ALAN
9538 MONTE CARLO CIR.
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name: DON ALAN WORK
Street Address (P.O. Box Number is Not Acceptable): 4787 TROVARE WEST
Suite, Apt. #, Etc.:
City: DESTIN State: FL Zip Code: 32541

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: Don Alan Work
REGISTERED AGENT MUST SIGN
Date: 11-25-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Don Alan Work
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-25-97
Daytime Phone #: (904) 243-3686

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