

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 673347

1. Corporation Name

SHIRTS 'N' THINGS, INC.

2. Principal Office Address - No P.O. Box #

3931 S.W. 47TH AVE

Suite, Apt. #, etc.

SUITE 106

City & State

DAVIE, FL

Zip

33314

Country

USA

3. Mailing Office Address

3931 S.W. 47TH AVE

Suite, Apt. #, etc.

SUITE 106

City & State

DAVIE, FL

Zip

33314

Country

USA

REINSTATEMENT

FCR2E0811 (1/07)

06-07

Wdp

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 12, 1980

5. FEI Number

59-2008172

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

RENEE M. CHORBA

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

5001 S.W. 87TH AVE.

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33328

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Renee Chorba

REGISTERED AGENT MUST SIGN

Date 12/06/07 12/6/07

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
DP	STEVE L. CHORBA	5001 S.W. 87TH AVE.	COOPER CITY FL 33328
DST	RENEE M. CHORBA	5001 S.W. 87TH AVE.	COOPER CITY FL 33328

500112984995
12/10/07--01024--013 **300.00

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 contained in Chapter 119, 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:

Steve L. Chorba

STEVE L. CHORBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/07

954-434-7480

Date

Daytime Phone #

12/19