

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 NOV 24 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 855450

1. Corporation Name

UNIFORMS TO YOU AND COMPANY

Principal Place of Business

1440 BISCAYNE BLVD  
MIAMI FL 33132  
US

Mailing Address

5600 W 73RD ST  
CHICAGO IL 60638  
US



REINSTATEMENT

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

02/04/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-2496289

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)

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
D	TURNER, ALLEN	5600 W 73RD ST.	CHICAGO IL
PDT	FRANK, MICHAEL B.	5600 W 73RD ST.	CHICAGO IL
DVS	FRANK, KEITH T.	5600 W 73RD ST.	CHICAGO IL

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-12/02/97-01043-013

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN ALEXIS  
1440 BISCAYNE BLVD  
MIAMI FL 33132

Name

Paul Santagata

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

1440 Biscayne Blvd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

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

*Paul Santagata*

REGISTERED AGENT MUST SIGN

Date 10/29/97

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:

*Thomas Pazol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97

Date

708-563-2626

Daytime Phone #

CR2000 (8/97)