

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 18 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007013

**1. Corporation Name**

First Uniform, Inc.

**2. Principal Office Address**

3616 Latrobe Dr

Suite, Apt. #, etc.

City & State

Charlotte - NC

Zip

28211

Country

USA

**3. Mailing Office Address**

3616 Latrobe Dr.

Suite, Apt. #, etc.

City & State

Charlotte NC

Zip

28211

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida

12-13-00

**5. FEI Number**

56-1891860

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

Jeff Cline

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

580 West 8th St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

**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

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
P	Tim Leo	3616 Latrobe Dr	Charlotte NC 28211
VP	Jeff Cline	3616 Latrobe Dr.	Charlotte NC 28211
			100053920541 05/05/05--01052--013 **150.00
			100053920541 05/05/05--01052--014 **750.00

**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 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:**

VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05 704/306-7796

Date

Daytime Phone #

CR2E081 (01/05)