

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000000123

1. Entity Name
TEXTILE HOLDINGS, INC.



FILED
04 OCT 26 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2201 4TH AVE., NORTH
LAKE WORTH, FL 33461

Mailing Address
2201 4TH AVE., NORTH
LAKE WORTH, FL 33461



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10192004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
13-3980624

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATAN, NIMROD
2201 4TH AVENUE NORTH
LAKE WORTH, FL 33463

Name ALAN BLOCK

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

2201 4th Avenue North

City Lake Worth

FL

Zip Code 33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alan Block

(NOTE: Registered Agent signature required when reinstating)

10/20/04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME NIMROD, NATAN
STREET ADDRESS 2201 4TH AVE NORTH
CITY-ST-ZIP LAKE WORTH, FL 33461 ☒ Delete

TITLE CD
NAME MCCORMICK, DENNIS
STREET ADDRESS TWO GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH, CT 06831 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME ARI A. CHANEY
STREET ADDRESS 2201 4th Avenue North
CITY-ST-ZIP Lake Worth FL 33461 ☐ Change ☒ Addition

TITLE P
NAME ALAN BLOCK
STREET ADDRESS 2201 4th Avenue North
CITY-ST-ZIP Lake Worth FL 33461 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John K. Kule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

DATE

261-642-663

Daytime Phone #