

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

98 DEC 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F86246

1. Corporation Name

CUSTOM UNIFORM SERVICE, INC.

Principal Place of Business

Mailing Address

% JOSEPH E. GREENBLATT
2301 NORTH PALAFOX STREET
PENSACOLA FL 32501

% JOSEPH E. GREENBLATT
2301 NORTH PALAFOX STREET
PENSACOLA FL 32501



REINSTATEMENT

98
ad

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

5600 Dixie Drive
Suite, Apt. #, etc.

P.O. Box 625737
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1982

5. FEI Number

59-2202304

Applied For

Not Applicable

City & State
Pensacola Florida

City & State
Cincinnati Ohio

Zip
32503

Country
Escambia

Zip
45262-5737

Country
Warren

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
PV	GREENBLATT, JOSEPH E	2301 N. PALAFOX ST	PENSACOLA FL 32501
D	FARMER, ROBERT T	8525 FOX CLUB LANE	CINCINNATI OH 45255
D	KOHLKEPP, ROBERT J	580 CHASWIL DRIVE	CINCINNATI OH 45255
D T	JEANMOUGIN, DAVID T Karen L. Carnahan	7315 COUNTRY CLUB LANE 6800 Cintas Blvd	WEST CHESTER OH 45069 Cincinnati Ohio 45262
P	Scott D. Farmer	6800 Cintas Blvd	Cincinnati Ohio 45044
V	William C. Gable	6800 Cintas Blvd	Cincinnati Ohio 45044

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

888882719598-3

-12/22/98-01085-006

***750.00

FL

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

Susan J. Metz
REGISTERED AGENT MUST SIGN

FILED

Date 12-7-98

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR150 00012323