

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001255

1. Corporation Name

COMFOTEX CORPORATION

Principal Place of Business

21 ELM ST
WATERLIET NY 12189

Mailing Address

21 ELM ST
WATERLIET NY 12189

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1996

5. FEI Number

14-1680857

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DC	STERNLICHT, BENO	PARTRIDGE RUN	LATHAM NY 12110
D	SLEASMAN, DANIEL M	100 STATE ST	ALBANY NY 12207
D	ROSKOPF, DONALD	21001 VAN BORN RD	TAYLOR MI 48180
D	BOYLAN, GERRY	21001 VAN BORN RD	TAYLOR MI 48180
D	BLAUSTEIN, S. SCOTT	108 DRAHOS DRIVE	ALTAMONT NY 12009
P	MARVSAK, THOMAS	23 GREEN MEADOWS LN	LOUDENVILLE NY 12211

8. Name and Address of Current Registered Agent

MOFFRE, CHRISTINA
COMFOTEX CORPORATION
295 N DR #A,B&C
MELBOURNE FL 32934

9. Name and Address of New Registered Agent

Name

Richard Farace / Comfotex Corp

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

710 North Drive

Suite, Apt. #, Etc.

100003912581--9

City

Melbourne

03/27/01

State

FL

Zip Code

32901

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

Christina Moffre
SIGNATURE REQUIRED

Date 2.5.01

REGISTERED AGENT MUST SIGN

11. 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

2.5.01

Date

518.270.0794

Daytime Phone #