

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003749

1. Corporation Name

FANTASIES IN FABRIC INC.

Principal Place of Business

P.O. BOX 20284  
SARASOTA FL 34276

Mailing Address

P.O. BOX 20284  
SARASOTA FL 34276

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1999

5. FEI Number

11-3363133

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

PSTD

GIGLIA, PAT

1092 GARDINER DRIVE

BAYSHORE NY

500008941265  
11/12/02-01118-007 \*\*158.75

8. Name and Address of Current Registered Agent

COX, LUCRETIA  
5852 WHISTLEWOOD COURT  
SARASOTA FL 34232

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

To the Fla. Dept of State:

I Patrick Ciglia, (pres)

of Fantasies In Fabric Inc.

Did not receive the two  
prior U.B.A notices

I am enclosing \$150 to  
maintain active status plus  
\$8.75 for a certificate of  
status.

Thank You

A stylized handwritten signature, possibly reading "Ciglia", written in dark ink.