

APPROVAL  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 20 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

WDS 0000 42517

DOCUMENT # H97945

**1. Corporation Name**

Atlantic Hosiery Outlet, Inc.

**2. Principal Office Address**  
4700 NW 132nd Street

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip  
33054

Country  
Miami-Dade

**3. Mailing Office Address**  
4700 NW 132nd Street

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip  
33054

Country  
Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida** 2/6/86

**5. FEI Number**  
59-2661715

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

Daniel S. Whitebok

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

4700 NW 132nd Street

Suite, Apt. #, Etc.

City

Opa Locka

State  
FL

Zip Code  
33054

**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

*Daniel S. Whitebok*

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	Ruben Kloda	4700 NW 132 Street	Opa Locka, FL 33054

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)