

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -8 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41131**

1. Corporation Name

GARMENT, INC.

2. Principal Office Address

716 NW 57th St.
Fort Lauderdale, FL 33309

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33309

City & State

Zip

Country

Broward

Zip

Country

REINSTATEMENT

93-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1990

5. FEI Number

59-2983356

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

Frank A. Evans, 716 NW 75th St., Fort Lauderdale, FL 33309

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

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL

State

FL

Zip Code

33309

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

Frank A. Evans

Date 3/7/01

FRANK A. EVANS

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
Pres.	JACK LACERTOSA	1291A S. Powerline Rd. #169	Pompano, FL 33069
V. Pres.	FRANK A. EVANS	140 Lakeview Dr. #308	Fort Lauderdale, FL

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

FRANK LACERTOSA

3/7/01

Date

Daytime Phone #

954 928-1759

CR2E081 (9/99)