

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

APPROVED  
AND  
FILED

01 NOV -8 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008663

1. Corporation Name

KATE MCKENZIE CLOTHIERS, INC.

Principal Place of Business

Mailing Address

1550 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629

1550 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3490533

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
P	Wendy Guzzle	833 S. Newport Ave 33606	Tampa FL 33606

300004706623--5  
-12/05/01--01072--025  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUZZLE, WENDY S  
1550 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629

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.

Signature of  
Registered Agent

*Wendy Guzzle*

REGISTERED AGENT MUST SIGN

Date 10-15-01

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:

*Wendy Guzzle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

813-258-1756

Daytime Phone #

CFR2040 (8/01)

Oct. 15<sup>th</sup>, 2001

To whom it may concern.

We became a corporation in the year 2000 and did not receive any prior notices that we needed to pay an annual corporation fee. We called your office and were told we needed to attach this letter and send a check for \$150.00.

Please call us ~~and~~ if you have any questions at (813) 258-1756.

Sincerely,

Wendy Guzzle  
president

Kate McKenzie Clothing, Inc