

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC -7 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



11012004 REIN-P CR2E098 (6/04)

4. FEI Number **59-3490533** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P0000008663
1. Entity Name
KATE MCKENZIE CLOTHIERS, INC.



Principal Place of Business: **1550 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33629**
Mailing Address: **1550 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33629**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZZLE, WENDY 833 S NEWPORT AVE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043000910 11/24/04--01049--007 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, if indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that no change, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12-3 Daytime Phone #

**PLEASE SIGN,
DATE & MAIL**