

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050636**

1. Corporation Name

PAZAZZ CLOTHING INC.

Principal Place of Business

P.O. BOX 21354
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 21354
TALLAHASSEE FL 32316

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2000 **SP**

5. FEI Number

59-3688557

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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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
President	THOMAS JONES	2421 Nugget Lane	Tallahassee, FL 32304

900004657839--0
-10/29/01--01080--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WIMBERTLY, ANNIE LEE
5981 NW 32 AVE
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name **THOMAS JONES**
Street Address (P.O. Box Number is Not Acceptable)
2421 Nugget Lane
Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32304**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/23/01**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01 574-4190
Date Daytime Phone #

CR2E040 (801)