

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.
Secretary of State

DOCUMENT # **P00000070273**

1. Corporation Name

UNIFORMLY YOURS OF TAMPA, INC.

Principal Place of Business

Mailing Address

**86 LADOGA AVENUE
TAMPA FL 33606**

**86 LADOGA AVENUE
TAMPA FL 33606**

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

07/20/2000

5. FEI Number

59-3663622

Applied For

Not Applicable

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	WEISS, LISA R	86 LADOGA AVENUE	TAMPA FL 33606
ST	WEISS, ROBERT D	86 LADOGA AVENUE	TAMPA FL 33606

900009399769
12/06/02--01053--012 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WEISS, LISA R
86 LADOGA AVENUE
TAMPA FL 33606**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent: *[Handwritten Signature]* **SIGNATURE REQUIRED** Date: **11-25-02**
REGISTERED AGENT MUST SIGN

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: *[Handwritten Signature]* **SIGNATURE REQUIRED** Date: **11-25-02** Daytime Phone #: **813 2582860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)