## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION   |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| FOR           |  |  |  |  |  |  |
| REINSTATEMENT |  |  |  |  |  |  |



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000074858** 

1. Corporation Name

CARLTONS APPAREL, INC.

Principal Place of Business Mailing Address

6722 NORTHWEST 90TH STREET GAINESVILLE FL 32653 6722 NORTHWEST 90TH STREET

GAINESVILLE FL 32653

REINSTATEMENT <u>01-02</u>

FILED

02 APR 15 AM 10:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| If above addresses are incorrect in any way, line through incorrect information and enter correction below.                   |  |                                 |  | LITHING FLAT TRANSPARE                         |  |  |  |
|---|--|---------------------------------|--|--|--|--|--|
|   |  | New Mailing Office Address, If  |  |  | orated or Qualified<br>ess in Florida  | 08/08/2000   |  |
| Suite, Apt.<br>City & State   | of SE 2 ha Ave Sute III &                        | tv.8 State                      | E 2nd Ave Suite 111                            |  | 5. FEI Number Applied Applied Not Appl |  |  |
| zin 326   | O / Country USA Zip                              | 52601                           | UJA  |  | 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) |  |                                 |  |  |  |  |  |
| Title(s)  | Name of Officers and/or Directors                |                                 | Street Address of Each Officer and/or Director |  |  | City / State / Zip   |  |
| PSTD  | CARLTON, PAUL F II                               | 6722 NORTHWE                    | ST 90TH STREET                                 | <b>.</b>                                       | GAINESVILLE FL 32653                   |  |  |
| VP  | Whiteraft, Dan S.                                | 1505 Ff                         | Clarke   | Blvd   | Gainesville,                           | FL . 32606   |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 | 337  | 20   |  | 83723<br>-01004003   |  |
|   |  |                                 |  |  | *****JUL.U                             | 10 ****900.00  |  |
|   |  |                                 |  |  |  |  |  |
| 8. Name and Address of Current Registered Agent   |  |                                 |  | Name and Address of New Registered Agent       |  |  |  |
| SPIEGEL & UTRERA, P.A. Street Address   |  |                                 |  | WC F.  | CARLTON                                |  |  |
|   |  |                                 |  | P.O. Box Number is Not Acceptable)  WW 90+4 5+ |  |  |  |
|   | L GABLÉS FL 33134                                |                                 | Suite, Apt. #, Etc.                            |  |  |  |  |
|   |  |                                 | Gainesville FL 32653                           |  |  | FL 32653   |  |
| -10I, being   | g appointed the registered agent of the above Ti | amed corporation, am familiar w | ith and accept the o                           | bligations of Secti                            | ion 607.0505, F.S.                     |  |  |
|   |  | <i>         </i>                |  |  | _                                      | ,  |  |

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/10/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 352-373-0050

Daytime Phone #