

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -6 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074880

1. Corporation Name

Remy's Custom Design Tailor, Inc.

2. Principal Office Address

4709 Varsity Circle

Suite, Apt. #, etc.

City & State

Lehigh Acres, Fl.

Zip

33971

Country

Lee

3. Mailing Office Address

4709 Varsity Circle

Suite, Apt. #, etc.

City & State

Lehigh Acres, Fl.

Zip

33971

Country

Lee

100026115221
01/06/04-01019-009 **300.00

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/07/2000

5. FEI Number

65-1031098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reminet Fenelus

Street Address (P.O. Box Number is Not Acceptable)

4709 Varsity Circle

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Reminet Fenelus	4709 Varsity Circle	Lehigh Acres, Fl. 33971

10. 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:

Reminet Fenelus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TR

**Remy's Custom Design Tailor, Inc.
4709 Varsity Circle
Lehigh Acres, Fl. 33971
239-433-5522**

November 18, 2003

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314**

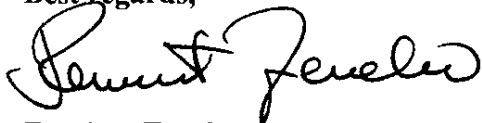
Dear Sir or Madame:

I am sending you my current mailing address to receive future annual filing reports from the Florida Division of Corporations. Because I did not receive the annual filing reports in the mail, I am requesting a waiver of any penalties for non filing of prior year annual reports.

I have submitted a Corporation Reinstatement request along with annual report filing fees for back years 2002 and 2003 in the amount of \$300.00. (\$150.00 per year)

**Please let me know if this meets with your approval and reinstate my corporation.
Thank you for your attention to this important matter.**

Best regards,

A handwritten signature in black ink, appearing to read 'Reminet Fenelus', written in a cursive style.

**Reminet Fenelus
President of Remy's Custom Design Tailor, Inc.**