

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 26 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000075374**

1. Corporation Name

DESIGNER WAREHOUSING, INC.

Principal Place of Business

1110 LEWIS AVE
SARASOTA FL 34237

Mailing Address

1110 LEWIS AVE
SARASOTA FL 34237

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2220 8th St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2220 8th St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2000

5. FEI Number

59-3662440

Applied For

Not Applicable

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip Country

34237

Zip Country

34237

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BOYD, JAMES	1263 GANTT AVENUE	SARASOTA FL 34232
VP	MACHOVEL, KATHERIN L	5215 MAGNOLIA POND DR	SARASOTA FL 34233

8. Name and Address of Current Registered Agent

BOYD, JAMES
1263 GANTT AVE
SARASOTA FL 34232

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/5/02**

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

Katherine Machovec

11/5/02

Date

941-366-5444

Daytime Phone #

CR2040 (8/02)