

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000087564
1. Corporation Name
CLOTHES AND BOWS INC.

Principal Place of Business Mailing Address
1117D NE 163RD ST. NORTH MIAMI BEACH FL 33162
1117D NE 163RD ST. NORTH MIAMI BEACH FL 33162

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

FILED
01 NOV -5 PM 11: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 09/14/2000
5. FEI Number 65-1038986 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RUBIN, LAWRENCE	7037 WOODMONT WAY	TAMARAC FL 33321
D	RUBIN, DENA	7037 WOODMONT WAY	TAMARAC FL 33321

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Name
RUBIN, DENA 7037 WOODMONT WAY TAMARAC FL 33321
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code FL

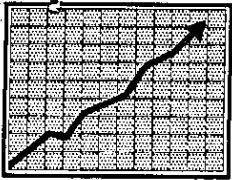
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Dena Rubin Date 10/12/01
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: Dena Rubin 10/12/01 (305) 947-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)



SHELDON D. GITTLESON, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2012
1100 N.E. 163rd Street • Suite 401
North Miami Beach, Florida 33162
Phone (305) 940-4740
Fax (305) 940-4054

October 11, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Annual Report

Dear Sir:

Please find enclosed the corporate annual report for 2001. My client never received either of the original reports, so I respectfully request that any penalty be waived and the corporation be re-instated.

Thank you for your anticipated cooperation.

Very truly yours,

Sheldon D. Gittleson, C.P.A.

SDG/mw