

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00708

1. Corporation Name
HANDLER TEXTILE CORP.

Principal Place of Business Mailing Address

REINSTATEMENT 1998-1999

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

2. New Principal Office Address, If Applicable

60 Metro Way

Suite, Apt. #, etc.

Secaucus, NJ

City & State

07094

Zip

USA

Country

3. New Mailing Office Address, If Applicable

60 Metro Way

Suite, Apt. #, etc.

Secaucus, NJ

City & State

07094

Zip

USA

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 25, 1984

5. FEI Number

13-2585750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE 75-A Must be completed
for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Edward Lemack	60 Metro Way	Secaucus, NJ 07094
Sec Dir	Arnold C. Abramowitz	60 Metro Way	Secaucus, NJ 07094

400002791784--4

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System Inc.
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

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 By: Vicki Schreiber
Vicki Schreiber, Ass. AGENT MUST SIGN

Date

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

12. 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 corporation name satisfies the requirements of section 807.0401 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)(b), F.S. The information submitted 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

ARNOLD C. ABRAMOWITZ, Secretary/Director

2/6/99

56-437-4385



ACCOUNT NO. : 072100000032

REFERENCE : 148354 4360878

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 908.75

ORDER DATE : February 25, 1999

ORDER TIME : 9:17 AM

ORDER NO. : 148354-020

CUSTOMER NO: 4360878

CUSTOMER: Arnold C. Abramowitz, Esq
ARNOLD C. ABRAMOWITZ, P.C.
ARNOLD C. ABRAMOWITZ, P.C.
3000 Marcus Avenue
Ste. 1e9
Lake Success, NY 11042

FOREIGN FILING

NAME: HANDLER TEXTILE CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

99 MAR -2 12 09 54
RECEIVED