

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:39

DOCUMENT # **P01000000703**

1. Corporation Name

FAST LANE APPAREL, INC.

Principal Place of Business

Mailing Address

**6230 PEMBROKE ROAD
MIRAMAR FL 33023**

**6230 PEMBROKE ROAD
MIRAMAR FL 33023**



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

65-1066752

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WALD, WARREN L	6230 PEMBROKE ROAD	MIRAMAR FL 33023

200023751762
10/13/03--01073--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WALD, WARREN L
6230 PENBROKE RD #3
MIRAMAR FL 33023**

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)
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-7-03**

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

10-7-03

Date

Daytime Phone #

CR2E040 (7/03)


10-7-03

Florida Dept. of State
Division of Corporations

Today 10-7-03 I received the
notice of Administrative Dissolution. I
was not aware and had not received
any notice of the Uniform Business
Report prior.

Please waive REINSTATEMENT FEE

Thank you.

Wen 

WARREN L. WALD PRES
FAST LANE Apparel Inc.