

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 22 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089427

1. Corporation Name

ENZYME JEANS, INC.

Principal Place of Business

18707 CHEMILLE DR  
LUTZ FL 33549

Mailing Address

18707 CHEMILLE DR  
LUTZ FL 33549

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/2001

5. FEI Number

59-3742386

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

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

D

COSTELLO, GREGG

18707 CHEMILLE DR

LUTZ FL 33549

300008788243

11/22/02--01087--015 \*\*141.25

300008788243

11/04/02--01089--004 \*\*608.75

8. Name and Address of Current Registered Agent

COSTELLO, GREGG  
18707 CHEMILLE DR  
LUTZ FL 33549

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

11/1/02

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:

Gregg Costello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02 839098903

Daytime Phone #

AD

CR2040 (8/02)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 8, 2002

ENZYME JEANS, INC.  
18707 CHEMILLE DR  
LUTZ, FL 33549

SUBJECT: ENZYME JEANS, INC.  
Ref. Number: P01000089427

We have received your document for ENZYME JEANS, INC. and your check(s) totaling \$608.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$750.00.

There is a balance due of \$141.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 002A00061127