

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000096207

1. Corporation Name

DRESSCO, INC.

Principal Place of Business

1700 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Mailing Address

2 SADDLERS RUN
ORMOND BEACH FL 32174

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

2. New Principal Office Address, If Applicable

2 SADDLERS RUN

Suite, Apt. #, etc.

City & State

ORMOND Beach

Zip 32174

Country VOLUSIA

3. New Mailing Office Address, If Applicable

2 SADDLERS RUN

Suite, Apt. #, etc.

City & State

ORMOND Beach

Zip 32174

Country VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

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
PD	HAMMOUD, MIKE M	16 FISHERMAN'S CIR. #5 2 SADDLERS RUN	ORMOND BEACH FL 32174
VD	HAMMOUD, HANIA TAHER	2 SADDLERS RUN	ORMOND BEACH FL 32174

500008809845
11/05/02--01085--011 **150.00

8. Name and Address of Current Registered Agent

HAMMOUD, MIKE M

16 FISHERMAN'S CIR. #5
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

HANIA TAHER HAMMOUD

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

2 SADDLERS RUN

Suite, Apt. #, Etc.

2

City

ORMOND Beach

State

FL

Zip Code

32174

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]
REGISTERED AGENT MUST SIGN

Date 10-25-02 386-255-6881

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 386-673-7087
Date Daytime Phone #

CR2E040 (8/02)

DRESSCO INC.
2 SADDLERS RUN
ORMOND BEACH, FL 32174
386-673-7087
October 28, 2002

FLORIDA DEPT. OF ~~REVENUE~~ ^{STATE}
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: APPLICATION FOR REINSTATEMENT

DEAR SIR OR MADAM:

WE RESPECTFULLY REQUEST REINSTATEMENT OF
OUR CORPORATION DRESSCO INC.

UNFORTUNATELY, WE HAVE NOT RECEIVED THE ANNUAL
UNIFORM BUSINESS REPORT NOTICES BECAUSE WE
MOVED FROM OUR LOCATION AT 1700 W. INTL. SPEEDWAY
BLVD.

SINCE, THIS IS OUR FIRST YEAR IN BUSINESS IN THE
STATE OF FLORIDA, WE DO NOT HAVE THE KNOWLEDGE
OF FILING SUCH FORMS.

THANK YOU FOR YOUR CONSIDERATION FOR THIS
MATTER.

SINCERELY YOURS

MIKE HAMMOUD.

McHammond