

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT -3 10:23:35

DOCUMENT # **P020000001462**

1. Corporation Name

ABC Uniforms of Nax, Inc

2. Principal Office Address

302 W. 8th Street

Suite, Apt. #, etc

City & State

Jacksonville, Florida

Zip

32206

Country

US

3. Mailing Office Address

302 W. 8th Street

Suite, Apt. #, etc

City & State

Jacksonville, Florida

Zip

32206

Country

US

REINSTATEMENT

03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

01-0682128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Theresa Brunke

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

302 W 8th Street

Suite, Apt. #, etc

City

Jacksonville

State

FL

Zip Code

32206

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of
Registered Agent

Theresa Brunke

Date **9/13/06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer or Director	Street Address of Each Officer and or Director	City / State / Zip
President	Theresa Brunke	302 W 8th Street	Jacksonville, Florida 32206

**500090686496
10/10/06--01056--019 **750.00**

10. I certify that I am an officer, director, 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 corporation 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 contained in Chapter 119, F.S. The information indicated on this application is true and correct and this statement shall have the same legal effect as if made under oath.

SIGNATURE:

Theresa Brunke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/06

Date

904 357 8883

Daytime Phone #

ABC Uniforms
OF JACKSONVILLE, INC.
 302 West 8th Street
 Jacksonville, Florida 32206
 (904) 356-4121
 (904) 355-8874 FAX

Send to: Division of Corp.	From: Theresa Brunke
Attention:	Date: 9/13/06
Office Location:	Office Location:
Fax Number:	Phone Number: 355-8883

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover:

RE: Corporation Reinstatement

We have problems with our mailing being delivered properly. We have also had problems with our mailbox being broken in to. Sometimes our mail is not delivered to us. Please allow us to pay to reinstate the corporation from 2002-2006 for a total of \$750.

Please let us know if you have any questions.

Sincerely,

Theresa Brunke

ABC Uniforms
 302 W. 8th St.
 Jacksonville, FL. 32206
 904-356-4121
 Fax-904-355-8874

*We have never
 received our
 annual report notice
 for the year 2002/2003.*