

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

03 OCT 30 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000064445**

1. Corporation Name

ADMIRALTY TEXTILE CORPORATION

Principal Place of Business

Mailing Address

11373 TWELVE OAKS WAY
N PALM BCH FL 33408

11373 TWELVE OAKS WAY
N PALM BCH FL 33408

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PRES	JOHN F. O'NEILL	11356 TWELVE OAKS WAY	NORTH PALM BEACH FLORIDA 33408
		LETTER ATTACHED / COPY OF CHECK.	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'NEILL, JOHN
11373 TWELVE OAKS WAY
N PALM BCH FL 33408

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]
REGISTERED AGENT MUST SIGN

Date

10/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/03

Daytime Phone #

CR20040 (7/03)

ADMIRALTY TEXTILE CORPORATION

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE FL 32314-6327

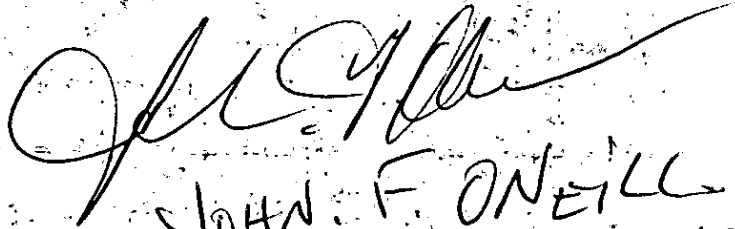
OCT 28/03

DEAR SIR

AS PER OUR TELEPHONE CONVERSATION-
TO DAY. ENCLOSED COPY OF CHEQUE WITH PAYMENT
DATED. APRIL 19/03.

AS TO THE REQUEST FOR LIST OF
DIRECTORS I AM THE SOLE DIRECTOR. A LETTER
REQUESTING THIS WAS NEVER RECEIVED.

YOURS SINCERELY



JOHN. F. O'NEILL

11356. TWELVE OAKS WAY

NORTH PALM BEACH

FL 33408