

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 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082331

1. Corporation Name

BURLINGTON COAT FACTORY WAREHOUSE OF EAST ORLANDO, INC.

Principal Place of Business

Mailing Address

12801 W. SUNRISE BLVD.
SUNRISE FL 33323

12801 W. SUNRISE BLVD.
SUNRISE FL 33323

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.

12151 E. COLONIAL DR NE

City & State

City & State

ORLANDO FL.

Zip

Country

Zip

Country

32826

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2002

5. FEI Number

51-0419063

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
PRES. DIR.	MONROE G. MILSTEIN	1830 ROUTE 130 N.	BURLINGTON NJ 08016
VP DIR.	ANDREW R. MILSTEIN	1830 ROUTE 130 N.	BURLINGTON NJ 08016
VP DIR.	STEPHEN E. MILSTEIN	1830 ROUTE 130 N.	BURLINGTON NJ 08016
SEC.	PAUL C. TANG	1830 ROUTE 130 N.	BURLINGTON NJ 08016
TREAS.	ROBERT L. LAPENTA	1830 ROUTE 130 N.	BURLINGTON NJ 08016

8. Name and Address of Current Registered Agent

SEALE, WADE
% BURLINGTON COAT FACTORY
25813 ROUTE 19 N.
CLEARWATER FL 34629 33763

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

REGISTERED AGENT MUST SIGN

Date 10/21/03

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:

Paul Tang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

609-387-7800

Daytime Phone #

CR2E040 (7/03)