

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000118611

1. Corporation Name

EMAN KLOTHING HOT SPOT, INC.

Principal Place of Business

2200 E FOWLER #70
TAMPA FL 33612

Mailing Address

2200 E FOWLER #70
TAMPA FL 33612

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAWAJDEH, AMIN	823 BLACKBERRY LANE	TAMPA FL 33511
D	MAWAJDEH, IMAN	823 BLACKBERRY LANE	TAMPA FL 33511

100024103131

10/27/03--01021--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLE, KATHY L
205 W. MLKING BLVD.
#204
TAMPA FL 33603

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

Kathy L Cole

REGISTERED AGENT MUST SIGN

Date 10-15-2003

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

10-15-2003

Date

Daytime Phone #

CR2E040 (7/03)

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Eman Klothung Hot Spot, Inc.
205 W. M.L.King Blvd. #204
Tampa, FL. 33603

RE: EMAN KLOTHING HOT SPOT, INC.
#P02000118611

Please be advised that we did not receive a renewal form on the above referenced corporation,
which caused it to be dissolved.

Therefore, enclosed please find a check for \$150.00 which is the amount needed for
reinstatement.

Sincerely,



Kathy L. Cole