## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000109631

SOSA, ROSITA

16491 NW 24 STREET

PEMBROKE PINES, FL 33028

Name:

Address:

City-St-Zip:

Entity Name: A UNIFORM TO YOU, INC.

FILED Oct 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5372 SW 132 TERRACE 26 NE 167 STREET MIRAMAR, FL 33027 MIAMI, FL 33162 **Current Mailing Address: New Mailing Address:** 5372 SW 132 TERRACE 26 NE 167 STREET MIRAMAR, FL 33027 MIAMI, FL 33162 FEI Number: 30-0208191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: APONTE, ROSA 5372 SW 132 TERRACE MIRAMAR, FL 33027 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition APONTE, ROSA Name: Name: 5372 SW 132 TERRACE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: Title: () Delete () Change () Addition Name: APONTE, MORGAN JR. Name: 5372 SW 132 TERRACE Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LEWIS, DAVEY Name: Name: 5372 SW 132 TERRACE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: ROSA APONTE 10/29/2004