

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 10:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000032358**

1. Corporation Name

The Closet Guy, Inc.

400089980864
03/02/07--01003--015 **450.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

SAME

1547 NORTH FLORIDA MANGO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33409 P.B.

REINSTATEMENT 05-08

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/04

5. FEI Number

20-1023073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John W. Chinnici

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

1547 N. FLORIDA MANGO ROAD

Suite, Apt. #, Etc.

City

State

Zip Code

West Palm Beach

FL

33409

See attached Letter

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

John W. Chinnici

REGISTERED AGENT MUST SIGN

Date

2/8/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John W. Chinnici	1547 NORTH FLORIDA MANGO ROAD	
V	John W. Chinnici	West PALM BEACH, FL, 33409	
S	John W. Chinnici	"	
T	John W. Chinnici	"	

2/26

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. CHINNICI

2/8/07

Date

561-640-9623

Daytime Phone #