

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -2 AM 7:40

DOCUMENT # P05000073509

1. Corporation Name

OZ ADVENTUREWEAR INC.

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

1080 N. Ponce De Leon Blvd

3. Mailing Office Address

1080 N. Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAINT AUGUSTINE, FL

City & State

SAINT AUGUSTINE, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

500171599435
04/05/10--01052--027 **300.00

REINSTATEMENT⁰⁹ 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/2005

5. FEI Number

20-2823926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TARA AUSILI

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

4535 CALVIN ST

Suite, Apt. #, Etc.

City

HASTINGS

State

FL

Zip Code

32145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tara Ausili

REGISTERED AGENT MUST SIGN

Date 3/3/10

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
ST	CHERYL GLASSCOCK	41 Hope St	St. Aug, FL 32084
TR	STEVEN GLASSCOCK	41 Hope St	St. Aug, FL 32084
VP	Jennifer DeDeo	5017 AVE D	St. Aug FL, 32095
P	TARA AUSILI	5017 AVE D	St. Aug FL, 32095

500171599435
03/09/10--01004--021 **150.00

10. E-mail Address: glasscocks@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Tara Ausili

TARA AUSILI

3/1/10