

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P060000020312

1. Corporation Name

S&A uniform Inc

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

16602 N. Miami Ave

Suite, Apt. #, etc.

3. Mailing Office Address

751 N.E. 180 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33169 Dade

Zip

Country

33162 Dade

7. Name and Address of Current Registered Agent

Name

Sabine L Augustin

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

751 N.E. 180 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33162

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

Sabine Augustin

REGISTERED AGENT MUST SIGN

Date 1-21-2010

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 | Sabine L. Augustin | 751 N.E. 180 St | Miami, FL 33162 |
| VP | Arnex Augustin | 751 N.E. 180 St | Miami, FL 33162 |
| | | | |
| | | | |
| | | | |
| | | | 201/26 |

10. E-mail Address:

Arnex1@yahoo.com

Sabine Augustin@yahoo.com

(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:

Sabine Augustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-2010

Daytime Phone #

FILED

10 JAN 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

100167110371

01/25/10--01050--015 **\$600.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4317389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.