

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000150303

1. Corporation Name

CY CLOTHING, INC.

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

5855 SW 21 STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33023

Country

3. Mailing Office Address

5855 SW 21 STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33023

Country

700157480917

06/19/09--01021--021 **450.00

CR2E081 (12/08)

REINSTATEMENT

07-29

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/06/2006

5. FEI Number

20-5992816

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

SUSAN KREITMAN

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

22160 CROSTON CT.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

☒ 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

Susan Kreitman

REGISTERED AGENT MUST SIGN

Date

6/15/09

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/D	SUSAN KREITMAN	5855 SW 21ST	HOLLYWOOD, FL 33023
VP/D	HOMER L. BAIR	5855 SW 21ST	HOLLYWOOD, FL 33023
VP/D	COLIN A. DALY	5855 SW 21ST	HOLLYWOOD, FL 33023
VP/D	ROBERT F. BARBER	5855 SW 21ST	HOLLYWOOD, FL 33023

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:

Homer L. Bair

6-15-09 (941) 685-4785