

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33797

1. Corporation Name

ATLB SPORTSWEAR, INC.

Principal Place of Business

Mailing Address

5300 NORTHWEST 165TH STREET
HIALEAH FL 33014-6233

5300 NORTHWEST 165TH STREET
HIALEAH FL 33014-6233



If above addresses are incorrect in any way, line through incorrect information and enter correction

REINSTATEMENT

98 *aw*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3453034

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CFO	LUTZKER, MIKE	9021 S.W. 3 COURT	PLANTATION FL
P	SCHNEIDER, ALLEN	1 GLENS WEST	BOYNTON BEACH FL 33436
T	SANTO, JOSEPH	6149 NW 23RD ROAD 6251 NW 42nd CT	BOCA RATON FL CORAL SPRINGS FL 33067
S	SCHNEIDER GREGG	11175 SEAGRAMS Circle	BOCA RATON, FL 33498
			700002724767--8 12/29/98--01044--025 ****\$600.00 ****\$600.00

8. Name and Address of Current Registered Agent

COYLE, EDWARD
5300 NW 165TH ST.
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name
JOSEPH SANTO
Street Address (P.O. Box Number is Not Acceptable)
6251 NW 42ND CT
Suite, Apt. #, Etc.

City
CORAL SPRINGS

State

Zip Code

FL

33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph Santo

NOT REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-20-98

700002724767--8
12/29/98--01044--025
****\$600.00 ****\$600.00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

12. 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 under section 119.07(3)(i), 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:

Joseph Santo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98
Date

305-620-8880
Daytime Phone #

CR2E040 (9/98)