

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000001288**

FILED

1. Corporation Name

DENNIS' STORE FOR MEN, INC.

96 DEC 13 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2637 E. GULF TO LAKE HWY
INVERNESS FL 34553

Mailing Address

2637 E. GULF TO LAKE HWY
INVERNESS FL 34553

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

2. New Principal Office Address, if Applicable

425 S Croft Rd

3. New Mailing Office Address, if Applicable

425 S Croft Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34453

Country

UNITED STATES

Zip

34453

Country

UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1993

5. FEI Number

65-0385191

Applied For

Not Applicable

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
P	SHAVER, DENNIS L	137 N. BRAEMAR DR.	INVERNESS FL 34450
V	SAVER, BARBARA J	137 N. BRAEMAR DR.	INVERNESS FL 34450
ST	SHAVER, MARGARET	6300 E. TURNER CAMP RD.	INVERNESS FL 34453

500002032395-57
12/18/96 01041 016
*****575.00 *****575.00

8. Name and Address of Current Registered Agent

SHAVER, DENNIS L
137 N. BRAEMAR
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

9/25/95

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS L SHAVER

9/25/95

Date

904.344-1944

Daytime Phone #