

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003463**

1. Corporation Name

D'AVINCE TAILORING, INC.

Principal Place of Business

Mailing Address

201 SE 1ST AVE
BOCA RATON FL 33432
US

201 SE 1ST AVE
BOCA RATON FL 33432
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0429122

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	D'AGATI, VINCENZO	201 SE 1ST AVE	BOCA RATON FL
STD	D'AGATI, MARIA	201 SE 1ST AVE	BOCA RATON FL

500004685785-5
-11/16/01--01080--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

D'AGATI, VINCENZO
201 SE 1ST AVE
BOCA RATON FL 33432

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

Vincenzo D'Agati

REGISTERED AGENT MUST SIGN

Date

10 17 101

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 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:

Vincenzo D'Agati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10 17 101

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D'avince Tailoring

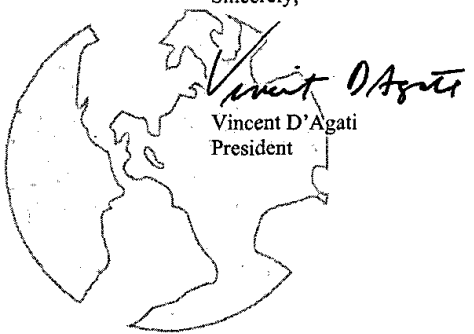
October 18, 2001

201 SE 1st Street
Boca Raton, FL 33432-4924

Dear Sir or Madam:

Please be advised that upon receiving this notice of revocation/dissolution of my company D'avince Tailoring. I am writing to you to advise you that I have not received any form or report regarding filing for 2001 Corporation annual reprt/uniform business. Please allow me to pay for the annual fee of \$150.00

Sincerely,



Vincent D'Agati
President

