


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000033133**

1. Corporation Name

**LEE'S UNIFORMS, INC.**

Principal Place of Business

Mailing Address

**6300 15TH STREET NORTH  
ST. PETERSBURG FL 33702  
US**

**6300 15TH STREET NORTH  
ST. PETERSBURG FL 33702  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/06/1993**

5. FEI Number

**59-3183362**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLARK, FLADGER L	3347 BARROW HILL TRAIL 6300 - 15 St. No.	TALLAHASSEE FL 32312- St. Petersburg, FL 33702
S	THORNHILL, SHARON L	101 PERSHING STREET NE	ST. PETERSBURG FL
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THORNHILL, SHARON L  
101 PERSHING STREET NE  
ST PETERSBURG FL 33702**

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 of Sharon L. Thornhill]*  
REGISTERED AGENT MUST SIGN

Date

*[Signature]*  
**Oct 12, 2001**

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:

*[Signature of Sharon L. Thornhill]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*[Signature]*  
**Oct 12, 2001**

Daytime Phone #

**FILED**

**01 OCT 15 AM 10:11**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**7/10/01 90004/034 \$160.00**

CR2E040 (8/01)

**Lee's Uniforms, Inc.**

6300 - 15th Street North  
St. Petersburg, FL 33702  
727-528-4887

2002

Oct. 11, 2001

RE: Doc. #P93000033133

Dear Katherine Harris,

Inclosed is a change of address dated Jan 10, 2001. Also, inclosed is a copy of the check that was sent to you July 2, 2001. That was the last time I received any thing from you. When I spoke to your service office yesterday he said that the last paper work was sent to Albuquerque, NM.

Also the address on the cerificate I just received had a Tallahassee address.

Please put this address on your records, in St. Petersburg. I am sorry every thing got mixed up, but I did send in my address in St. Petersburg. And I also paid the statement you sent to me, on time. Please take the late payment off of my file.

Sincerely,

