		PLEASE R	EAD ALL INST	RUCTIONS	DEFORE C	OMPLET	ING THIS FO	RM.		
'API REIN	FOR STATE	MENT (	O	Secretary of	IT OF STATE		FILED			
DOCUMENT # P93000054012						99 NOV -1 PM 4: 21				
1. Corporation Name ELEGANT FORMAL WEAR, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal P	lace of Busin	ess	Mailing Add	Mailing Address						
10060 GRIFFIN RD COOPER CITY FL 33328				10060 GRIFFIN RD COOPER CITY FL 33328						
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  77/90(4002)			
Suite, Apt.	#, øtc.		Suite, Apt. #	, etc.		5. FEI Number				
City & State	e	<del></del>	City & State		<del></del>				lot Applicable	
Zip		Country	Zip	Count	Ŋ	-	E OF STATUS DESIRED	58.75 Addition for a Certific	al Fee required. ate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors 1 2			cers	St	ations must list at les reat Address of Each filcer and/or Director	ach				
D				6507 CORAL LAKE DR			MARGATE FL 33083			
						41	000030:	20 <b>20</b> 4		
							-11/09/9901008005 ****550.00 ****550.00			
		· · · · · · · · · · · · · · · · · · ·						SP		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent				
GAYLORD, MARC R 4800 N FEDERAL HWY						P.Ö. Box Number is Not Acceptable).				
SUITE 306B Suite, Apt. #, Et						<u>c.</u>				
BOCA RATON FL 33431						State   Zip Code   FL				
10. I, being Signature o Registered	f	ne registered agent o	f the above named corp REGISTERED AG		ith and accept the ol	bligations of Secti	on 607.0505, F.S.			
this rein owed by	statement ap	plication, the reason tion have been paid	the receiver or trustee er for dissolution has been and the names of indivice and my signature shall he	mpowered to execute eliminated, the corp luals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., th	at all fees	
SIGNAT	URE: _		O OR PRINTED NAME OF		) [   ]		10/0/199	954-4	34-	
		AND	ON FRINTED NAME OF	NORMU OFFICER <b>UM</b>	BREVION.		r Date	Osygine Priore	43	



## Elegant Jormalwear Jux Jown

TO WHOM IT MAY CONCEING

I STEVE ZORVICH PRESIDENT OF BLECKNIT

FORMALWER SENT MY DENEWAL FOR MY CORDINATION

FORMALWER SENT MY DENEWAL FOR MY CORDINATION

FORMALWER SENT MY DENEWAL FOR MY CHECK

IN THE AMOUNT, OF MSSOON THE CHECK

THE AMOUNT OF ASKING

FOR A WAIDE OF FEES. ALSO I AM ENCLOSING

FOR A WAIDE OF FEES. ALSO I AM ENCLOSING

FOR A WAIDE OF THE SAME AMOUNT OF

ANOTHER CHECK FOR THE SAME AMOUNT OF

FEEL FIEE TO CONTACT ME ATT (954) 154-0135

THANKS IN ASUARCE, for YOUR COOPERATION STEVE ZOROVCH