

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 90-98
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR 26 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000033054

1. Corporation Name
JEFF DOWMAN TEXTILES, INC.
10731 PRIEBE ROAD
CLERMONT, FLORIDA 34711

Principal Place of Business

SAME

Mailing Address

4677 L.B. McLeod Road
Suite G
Orlando, FL 32811

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. N/A
City & State N/A
Zip N/A Country N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. N/A
City & State N/A
Zip N/A Country USA

4. Date Incorporated or Qualified To Do Business in Florida

4/28/94

5. FEI Number

59-3256432

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
PRES	WALTER J. DOWMAN	10731 PRIEBE ROAD	CLERMONT, FL 34711

900002475119--1

-04/01/98-01052--009

***1050.00 ***1050.00

REINSTATEMENT

A. Alan
3/26/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTER J. DOWMAN
10731 PRIEBE ROAD
CLERMONT, FL 34711

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

REGISTERED AGENT MUST SIGN

Date 3-19-98

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-98
Date

800-747
Daytime Phone # 1224

CR2E040 (12/96)