PLEASE READ ALL INSTRUCTIONS BEFOR[illegible]LE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF ST[illegible]
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90018 017 ***150.00

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Name
APPAREL-LY Yours, Inc

Place of Business | Mailing Address

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

2. Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Apt. #, etc. 6195 Seaside DR	Suite, Apt. #, etc. 6195 Seaside Dr
City & State New Port Richey FL	City & State New Port Richey FL
Country	Zip 34652 Country
Zip 34652	

4. Date Incorporated or Qualified To Do Business in Florida 11-01-94

5. FEI Number 59-3274542 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
Georgette Rauckhorst	6195 Seaside Dr.	New Port Richey FL 34652

8. Name and Address of Current Registered Agent

Georgette Rauckhorst
6195 Seaside Dr
New Port Richey FL 34652

9. Name and Address of New Registered Agent

Name: Georgette Rauckhorst
Street Address (P.O. Box Number is Not Acceptable): 6195 Seaside Dr
Suite, Apt. #, Etc.:
City: New Port Richey State: FL Zip Code: 34652

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent: Georgette Rauckhorst Date: 4-25-00
REGISTERED AGENT MUST SIGN

This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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 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 due 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: Georgette Rauckhorst Georgette Rauckhorst 4-25-00 (727) 8112-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/96)