

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000088373**

1 Corporation Name

**CLIMAX FASHIONS, INC.**

Principal Place of Business

2941 E LAS OLAS BLVD  
FT LAUDERDALE FL 33316

Mailing Address

2941 E LAS OLAS BLVD  
FT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

~~239 ALMOND AVENUE~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~239 ALMOND AVENUE~~

Suite, Apt. #, etc.

City & State

~~FT. LAUDERDALE, FLORIDA~~

Zip

33316

Country

~~BROWARD~~

City & State

~~FT. LAUDERDALE, FLORIDA~~

Zip

33316

Country

~~BROWARD~~

REINSTATEMENT

mwB 1/4/97

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1994

5. FEI Number

65-0538657

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
<del>D</del>	<del>JEAN, ELI</del>	<del>12079 NW 1ST ST</del>	<del>CORAL SPRINGS FL 33071</del>
<del>D</del>	<del>ASULIN, ISAAC</del>	<del>2555 NE 11TH ST</del>	<del>FT LAUDERDALE FL 33304</del>
P/D	ASULIN, ISAAC	2555 NE 11 <sup>TH</sup> STREET	FT. LAUDERDALE, FL 33304

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01/08/97 01002-003

\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

JEAN, ELI  
12079 NW 1ST ST  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name  
ASULIN, ISAAC  
Street Address (P.O. Box Number is Not Acceptable)  
2555 NE 11<sup>TH</sup> STREET  
Suite, Apt. #, Etc.  
City  
FT. LAUDERDALE  
State  
FL  
Zip Code  
33304

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]*

REGISTERED AGENT MUST SIGN

Date 12/26/96

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC ASULIN PRESIDENT

Date 12/26/96 (954) 761-8354

Daytime Phone #